

STUDIO NAME

123 Audio Way
Sound City, ST 90210
contact@studio.com

INVOICE

Invoice #: _____

Date: _____

BILL TO

Client Name: _____
Project: _____
Email/Phone: _____

PAYMENT TERMS

Due Date: _____
Method: Check / Wire / Digital

| Date | Service Description (Tracking, Mixing, Mastering) | Hourly Rate | Hours | Line Total |
|------|---|-------------|-------|------------|
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

Subtotal: \$ _____
Studio Fees/Misc: \$ _____
Total Amount Due: \$ _____

Notes:

Thank you for choosing Studio Name for your production needs.