

# STUDIO NAME

123 Audio Way, Sound City, ST 90210  
contact@studio.name | www.studio.name

## INVOICE

#INV-001  
Date: [Date]

### BILL TO

[Client Name / Label]  
[Client Address]  
[Client Phone / Email]

### PROJECT DETAILS

**Project:** [Album/Single Title]  
**Engineer:** [Name]  
**PO Number:** [Reference]

Service Description	Rate/Unit	Qty/Hrs	Total
Studio Time - Tracking (Room A)	\$0.00	0	\$0.00
Mixing Services	\$0.00	0	\$0.00
Mastering (Per Track)	\$0.00	0	\$0.00

Service Description	Rate/Unit	Qty/Hrs	Total
Session Musician Fee	\$0.00	0	\$0.00

Subtotal: \$0.00  
Tax (0%): \$0.00  
Total Due: \$0.00

**Payment Terms:** Net 30. Please make checks payable to "Studio Name".  
For Wire/ACH: Bank Name | Account: XXXXXXXXX | Routing: XXXXXXXXX

*Thank you for choosing Studio Name for your production needs.*