

STUDIO NAME

123 Audio Way, Suite 100
Sound City, ST 12345
contact@studio.com

INVOICE

#INV-0001
Date: [Date]
Due: [Date]

BILL TO Client Name / Project

Company Name
Client Address
Email: client@example.com
PROJECT DETAILS Engineer: [Name]
Studio Room: [Room A/B]
PO Number: [Number]

DATE	DESCRIPTION / SESSION TYPE	RATE	QTY/HRS	AMOUNT
[Date]	Recording Session - Tracking	\$0.00	0.0	\$0.00
[Date]	Mixing & Post-Production	\$0.00	0.0	\$0.00
[Date]	Materials (Hard Drive/Tape/Media)	\$0.00	1	\$0.00

Subtotal \$0.00
Tax (0%) \$0.00

Total Due \$0.00

PAYMENT TERMS & NOTES

Please make checks payable to **Studio Name**. Payment is due within 30 days. Late payments may be subject to a 1.5% monthly finance charge. Final masters will be released upon receipt of full payment.