

# [RECORD LABEL NAME]

[Studio Address Line 1]

[City, State, Zip]

[Email/Phone]

## INVOICE

Date: [DD/MM/YYYY]

Invoice #: [0000]

Project ID: [Project Name]

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## BILL TO:

[Artist/Client Name]

[Company Name]

[Client Address]

[Contact Email]

## SESSION DETAILS:

Studio: [Studio A/B]

Engineer: [Name]

Producer: [Name]

Description	Rate/Unit	Qty/Hrs	Total
Recording Session Time	\$		\$
Mixing / Mastering Services	\$		\$
Additional Equipment Rental	\$		\$

Description	Rate/Unit	Qty/Hrs	Total
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Studio Musician Fees	\$		\$
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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

**Payment Terms:** Net [30] days. Please make checks payable to [Record Label Name].

**Notes:** Digital masters will be released upon receipt of final payment.