

RECORDING INVOICE

[Studio Name]
[Address Line 1]
[Email / Phone]

INVOICE NUMBER

DATE

___ / ___ /20___

CLIENT / ARTIST

[Client Name]
[Project Title]
[Address/Contact]

PAYMENT TERMS

Due upon receipt / Net 30

SERVICE DESCRIPTION	QUANTITY / HRS	RATE	AMOUNT
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Studio Tracking Time

Mixing Services

Mastering Fees

Equipment Rental / Sundries

Subtotal \$ 0.00
Tax \$ 0.00
Total Due \$ 0.00

PAYMENT INSTRUCTIONS & NOTES

Please make checks payable to **[Business Name]**. For wire transfers use Account: [Number] Routing: [Number].
Files will be released upon final payment clearance.