

INVOICE

[Studio Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE #: _____

DATE: _____

CLIENT / ARTIST

[Name/Band Name]
[Address]
[Contact Email]

PROJECT DETAILS

Project: [Title/Album]
Engineer: [Name]
Studio: [Room A/B]

Date	Service / Description	Hours	Rate	Total
	Recording Session			
	Mixing / Post-Production			
	Mastering			

Date	Service / Description	Hours	Rate	Total
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Other: _____

Subtotal: \$ _____

Tax / Fees: \$ _____

Amount Due: \$ _____

Payment Terms: Due within [X] days. Please make checks payable to [Studio Name].

Notes: Digital files will be released upon final payment receipt.