INVOICE

[Artist Name/Studio Name]
[Street Address]
[City, State, Zip]
[Email Address]
[Phone Number]

Invoice #: [0001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name/Agency]
[Attention To]
[Street Address]
[City, State, Zip]

Project Details:

Project: [Campaign Name]
PO #: [Number]
Usage: [e.g., 1 Year, National TV/Digital]

DESCRIPTION (SPOT NAME/LENGTH)	RATE TYPE	QUANTITY	AMOUNT
[Voiceover Session Fee - Spot Title]	Session	[1]	$0.00
[Usage/Residual/Buyout Fee]	Usage	[1]	$0.00

DESCRIPTION (SPOT NAME/LENGTH)	RATE TYPE	QUANTITY	AMOUNT
[Studio/Patch/Editing Fees]	Misc	[1]	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Instructions:

Please make checks payable to [Artist Name] or pay via [Payment Platform/Bank Details].
Late payments may be subject to a [0]% monthly interest fee.

Thank you for the opportunity to provide voice services for your project.