VOICE OVER TALENT

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

INVOICE

[0001]
Date: [MM/DD/YYYY]

BILL TO

[Client Name / Agency]
[Company Name]
[Client Address]
[Client Email]

PROJECT DETAILS

Project: [Title / Campaign]
Usage: [e.g. 12 Months, Full Buyout, Social Media]
PO Number: [00000]

Description	Rate/Length	Quantity	Total
Basic Session Fee - [Project Name]	$0.00	1	$0.00
Usage/Residuals - [Market/Platform]	$0.00	1	$0.00
Editing/Post-Production Services	$0.00	-	$0.00

Subtotal: $0.00
Total: $0.00 USD

PAYMENT TERMS

Payment due within [30] days. Please make checks payable to **[Your Name]**.
Wire/ACH: [Bank Name] | Acc: [00000000] | Routing: [000000000]
PayPal: [Email Address]

Thank you for your business!