[Your Business Name]

[Your Address]
[Email Address]
[Phone Number]
[FAA License Number]

INVOICE

Invoice #: [001]
Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Client Address]
[Client Contact Email]

Project Location:

[Site Address/Coordinates]
Shoot Date: [MM/DD/YYYY]

Service Description	Rate/Unit	Qty	Total
Aerial Photography (Standard Package)	$0.00	1	$0.00
4K Cinematic B-Roll Footage	$0.00	1	$0.00
Post-Production & Color Grading	$0.00	1	$0.00

Service Description	Rate/Unit	Qty	Total
Travel/Site Assessment Fee	$0.00	1	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Due: $0.00

Payment Terms: Due within [30] days.

Notes: All aerial operations conducted under FAA Part 107 regulations. Usage rights granted upon receipt of full payment.