INVOICE

Date: [Date]
Invoice #: [000]

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

CLIENT / FIRM [Client Name]
[Firm/Company]
[Billing Address]
PROJECT DETAILS Project: [Project Name/Building]
Location: [Site Address]
Shoot Date: [Date]

DESCRIPTION OF SERVICES / LICENSING	QTY	RATE	AMOUNT
Creative Fee Day rate including scouting and equipment	1	$0.00	$0.00
Post-Production & Retouching Color correction, perspective control, and compositing	[Qty]	$0.00	$0.00
Usage License: [Type] Standard commercial rights for [Firm Name] only	1	$0.00	$0.00
Expenses Assistant fees, travel, and site permits	-	-	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

PAYMENT TERMS

Net [30] days. Please make checks payable to [Studio Name] or pay via wire transfer: [Account Details]. Late fees may apply to overdue balances. All image usage rights are granted only upon full payment.