

INVOICE

[Company/Individual Name]

[Address Line 1]

[Email / Phone]

INVOICE NUMBER

#AV-001

DATE

[MM/DD/YYYY]

BILL TO

[Client Name / Production Co]

[Project Name]

[Client Address]

SHOW INFORMATION

Venue: [Venue Name]

Position: [e.g. AI, VI, LI, Stagehand]

Dates: [Start] - [End]

DATE / DESCRIPTION	TYPE	RATE	QTY/HRS	TOTAL
[Date] - Load In / Setup	Day Rate	0.00	1	0.00
[Date] - Show Run	Hourly	0.00	10	0.00
[Date] - Strike / Load Out	Overtime	0.00	2	0.00
Travel Stipend / Per Diem	Expense	0.00	1	0.00

Subtotal \$0.00
Tax (if applicable) \$0.00
Total Due \$0.00

PAYMENT INSTRUCTIONS

Payment due within [30] days. Please make checks payable to *[Name]* or pay via Wire/ACH: *[Account Details]*.

Thank you for your business.