INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]
Event Date: [Date]

Client / Production:
[Client Name]
[Company]
[Address]
[Venue Name]

Description (Fixture/Service)	Qty	Days	Rate	Amount
[Moving Head Spot / Wash]	0	0	$0.00	$0.00
[LED Pars / Battery Uplighting]	0	0	$0.00	$0.00
[Lighting Console & Processing]	0	0	$0.00	$0.00
[Labor: Lead LD / Programmer]	0	0	$0.00	$0.00
[Labor: L2 / Stagehands]	0	0	$0.00	$0.00
[Consumables & Rigging Hardware]	0	0	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total: $0.00

Notes & Payment Instructions:
Please make all checks payable to [Company Name].
Bank Transfer: [Account Routing/SWIFT Info]
Terms: Net [30] days. Late fees may apply to overdue balances.