LEASE INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

INVOICE NUMBER
#INV-0000

DATE
[Date]

LESSEE / BILL TO
[Client Name]
[Client Address]
[Contact Email/Phone]

PROJECT / VENUE
[Project Name]
[Production Dates]
[PO Number]

EQUIPMENT DESCRIPTION (MAKE/MODEL)	SERIAL #	QTY	DAILY/WEEKLY RATE	TOTAL
[Example: Sony Venice 2 Camera Body]	[SN-0000]	0	$0.00	$0.00
[Example: Cooke S7/i Full Frame Plus Prime Set]	[SN-0000]	0	$0.00	$0.00
[Example: SmallHD Cine 13" High-Bright Monitor]	[SN-0000]	0	$0.00	$0.00

Subtotal: $0.00
Insurance / Waiver: $0.00
Sales Tax: $0.00
Total Due: $0.00

Terms: Net [30]. Late fees apply to overdue balances. Equipment remains the property of the lessor. Any damage or loss during the lease period is the responsibility of the lessee.

Payment Method: ACH / Wire Transfer / Check