AV PROFESSIONAL SERVICES

123 Studio Drive
Media City, ST 12345
contact@avservices.com

INVOICE

Date: _____
Invoice #: _____
Project ID: _____

BILL TO

Client Name/Company
Address Line 1
Address Line 2
Email@address.com

EVENT DETAILS

Venue: _____
Event Date: _____
PO #: _____

Service / Equipment Description	Qty/Hrs	Rate	Amount
Technical Labor: Lead Audio Engineer			
Equipment Rental: PA System & Wireless Mics			
Visual Production: 4K Projection & Switcher			

Service / Equipment Description	Qty/Hrs	Rate	Amount
Post-Event Media Processing			

Subtotal: $0.00
Tax (___%): $0.00
Total Due: $0.00

Payment Terms: Net 30. Please make checks payable to "AV Professional Services".

For bank transfer instructions or credit card payments, please contact our billing department.