INVOICE

Invoice #: 100 | Issue Date: 10-23-20XX | Due Date: 03-10-20XX

BILL TO

[Name] - [Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Creative Charges** | **Hrs** | **Rate** | **Price** |
| 06 | Location shooting and prep | 5 | 100.00 | $500.00 |
| 07 | Post Production | 3 | 80.00 | $240.00 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal** | | | | **$740.00** |

|  |  |  |  |
| --- | --- | --- | --- |
| Sales Tax 8% | | | $59.20 |
|  |  | **Total Due** | **$799.20** |

Please make a payment to

Beneficiary Name: [Company Name]

Beneficiary Account Number: [1234567890]

Bank Name and Address: [Bank Name and Address]

Bank Swift Code: [1234567890]

IBAN Number: [1234567890]

Terms and conditions

Please send payment within 30 days of receiving this invoice. There will be a 1.5% interest charge per month on late invoices.