

ARTIST INVOICE

Bill From

Name: _____
Company Name: _____
Street Address: _____
City, ST ZIP Code: _____
Phone: _____

Bill To

Name: _____
Company Name: _____
Street Address: _____
City, ST ZIP Code: _____
Phone: _____

Invoice No. _____

Invoice Date: _____

Due Date: _____

Description	Quantity / Hours	Price (\$)	Total (\$)
Subtotal			
Sales Tax			
Other			
Total			

Terms and Conditions

Thank you for your business. Please send payment within _____ days of receiving this invoice. There will be a _____ % per _____ on late invoices.