FILM INVOICE

From

Name: _____

Position: _____

Street Address: _____

City, State, Zip: _____

E-Mail: _____

Phone Number: _____

Bill To

Name: _____

ATTN: _____

Street Address: _____

City, State, Zip: _____

E-Mail: _____

Phone Number: _____

Details

Date: _____

Invoice #: _____

Payment Due: _____

Description	Quantity	Rate	Amount

Project Information

Project Title: _____

Location: _____

Production Dates: _____

Payment Instructions

Subtotal: _____

Discount: _____

Tax: _____

Amount Paid: _____

Total Due: _____