

ARTIST INVOICE

Company Name: Company Name: Company Name: Street Address: Street Address		Name:dress:	Invoice No Invoice Date: Due Date:	
Description		Quantity / Hours	Price (\$)	Total (\$)
			Subtotal	
			Sales Tax	
			Other	
			Total	
Thank you for your business. Plewill be a % per c	ease send pa		of receiving this inv	oice. There

