



INVOICE

Invoice No: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Client Name

Company

Address

Email / Phone

EVENT DETAILS

Event Name

Event Date

Location

Shooting Hrs

DESCRIPTION OF VIDEOGRAPHY SERVICES	QUANTITY / HRS	RATE	TOTAL

Subtotal _____
Tax / VAT _____

Total Due

PAYMENT TERMS & METHODS

DECLARATION / TERMS

CLIENT SIGNATURE

VIDEOGRAPHER / AUTHORIZED SIGNATURE