

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

CAMERA ASSISTANT INVOICE

Invoice # _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Description	Hours	\$ / Hour	Amount (\$)

Comments or Special Instructions: _____

Payment is due within _____ days.

SUBTOTAL	
DISCOUNT	
TAX	
TOTAL	

Thank you for your business!