Company: _____

Name: _____
Street Address: _____
City, State: _____
ZIP Code: _____
E-mail: _____
Phone: _____

POST-PRODUCTION INVOICE

Invoice # _____ Date: _____

Client / Customer

Name: _____
Street Address: _____
City, State: _____
ZIP Code: _____

PRODUCTS (MATERIALS)

Description	Quantity	$ / Unit	Amount
		PRODUCTS	

LABOR

Description	Hours	$ / Hour	Amount
		LABOR	

Comments or Special Instructions:

_____

Payment is due within ____ days.

SUBTOTAL	
DISCOUNT	
TAX	
TOTAL	

Thank you for your business!