VOICE-OVER INVOICE

VOICE ARTIST

Business name _____

Address _____

Phone / email _____

Tax ID _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Client PO / job no. _____

Payment terms _____

Due date _____

BILL TO

Company _____ Producer _____

Billing address _____

Email _____

PROJECT

Project _____ Finished length _____

Scripts _____

Recorded _____ Delivered _____

USAGE LICENSE

Media _____ Term _____

Territory _____ Exclusivity _____

SESSION

Description	Qty	Unit	Rate	Amount

Session subtotal _____

USAGE AND LICENSE

Description	Qty	Unit	Rate	Amount

Usage subtotal _____

PICKUPS AND REVISIONS

Description	Qty	Unit	Rate	Amount

Pickups subtotal _____

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal _____

Sales tax, if applicable (_____%) _____

Total _____

Less: deposit received _____

Amount due _____

LICENSE TERMS

_____

_____

Please quote the PO and invoice numbers with your payment.