

MAKEUP ARTIST INVOICE



COMPANY

Name: _____
 Address: _____

 Phone #: _____
 Email Address: _____

BILL TO

Name: _____
 Address: _____

 Phone #: _____
 Email Address: _____

DETAILS

Date	
Invoice #	
Terms	
Due Date	

DESCRIPTION	HOURS	RATE (\$/HR)	TOTAL

SUBTOTAL	
TAX	
MISC.	
BALANCE DUE	

NOTES: