Company Name: _____

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

# MAKEUP ARTIST 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!