

Invoice

0 _____ Field Invoice

Date ____/____/____

Taylor Studios
2251 B. West Diamond
Tucson, AZ 85705-1227
Phone (520) 888-9770
Htaylor@TaylorStudios.com



Bill To:

Type of Service _____ .0 Hrs. @\$ _____/Hr. \$ _____

Description of Service

Type of Service _____ .0 Hrs. @\$ _____/Hr. \$ _____

Description of Service

Type of Service _____ .0 Hrs. @\$ _____/Hr. \$ _____

Description of Service

Total	\$ _____
Tax	\$ _____
Subtotal	\$ _____
Deposit	\$ _____
Balance (<i>including this invoice</i>).	\$ _____

Please make checks payable to Taylor Studios.
\$50.00 fee on all returned checks.

Thank you for letting us be your professional visual solution
Approved By: **HT**