

INVOICE FOR MODEL SERVICES

From: Please make check payable to

Model Name or Company Name:

Address:

City , St, Zip:

Date:

Soc Sec or Tax ID#:

Bill To:

Mailing Address:

Big Orange Productions, Inc
93 Dana St
Providence, RI 02906

Terms:

Payment 30 days from receipt of this invoice.

Date	Brand or Product	Location	Hours	Model Fee	Expenses*	Total
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Total Invoice : \$

* Original Receipts are included for "out-of-pocket" or personal expenses that were APPROVED by the client prior to event.
Expenses do not include products purchased with client money or client debit card.
All required client-issued paperwork (PromoReport form, Marketlink Report, or Event Summary report)