

# 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
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Terms:

Payment 30 days from receipt of this invoice.
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Date	Brand or Product	Location	Hours	Model Fee	Expenses*	Total
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Total Invoice : \$
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\* 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)