

Model's Voucher



Model and Talent

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Lemoyne, PA 17043
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BookingsBarbizon@gmail.com

CLIENT: _____

MODEL: _____

MODEL'S ADDRESS FOR PAYMENT: _____

REPORT TO: _____

DATE OF JOB	REPORT TIME	DISMISSAL TIME

FITTING: _____

PLACE: _____

REHEARSAL: _____

PLACE: _____

TOTAL HOURS: _____

THE ABOVE WORK HAS BEEN COMPLETED AND THE BILLING INFORMATION IS CORRECT.

CLIENT'S SIGNATURE: _____

MODEL'S SIGNATURE: _____

SPECIAL NOTES: _____

*RETURN COPY TO AGENCY VIA FAX, IN PERSON, OR PICTURE VIA EMAIL TO
BOOKINGSBARBIZON@GMAIL.COM WITHIN 24 HOURS OF COMPLETION OF JOB.