

[Photographer Name]

[Your Address]
[City, State, ZIP]
[Email Address]
[Phone Number]

Invoice
No.: [001]
Date: [YYYY-MM-DD]

Bill To

[Client Name]
[Client Address]
[City, State, ZIP]
[Email Address]

Description	Qty	Unit Price	Amount
Photography Session	1	[X]	[X]
Photo Editing	1	[Y]	[Y]
Transportation	1	[Z]	[Z]
Subtotal			[Subtotal]
Tax			[Tax]
Total			[Total]

Payment Terms

Payment due within 15 days of invoice date.
Bank Transfer: [Bank Details]

Signature

Date
[YYYY-MM-DD]

Thank you for choosing [Your Photographer Name]!
Please contact us for any queries regarding this invoice.