

[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.