

# INVOICE

Studio Photography Services

**Billed To**

[Client Name]  
[Client Address]  
[Phone] [Email]

**From**

[Studio Name]  
[Studio Address]  
[Phone] [Email]

**Invoice Details**

Invoice #: [000123]  
Date: [YYYY-MM-DD]  
Due Date: [YYYY-MM-DD]

**Services**

| Description                  | Quantity | Unit Price | Amount |
|------------------------------|----------|------------|--------|
| [Portrait Session - 2 hours] | 1        | \$[ ]      | \$[ ]  |
| [Printed Photos - 5 pcs]     | 5        | \$[ ]      | \$[ ]  |
| [Digital Retouching]         | 1        | \$[ ]      | \$[ ]  |

|              |              |
|--------------|--------------|
| Subtotal     | \$[ ]        |
| Tax          | \$[ ]        |
| <b>Total</b> | <b>\$[ ]</b> |

**Payment Instructions**

Please make payment via [Bank Transfer / PayPal / Other].  
Account Name: [Studio Name]  
Account Number: [ ]  
[Other Information]

Thank you for choosing our studio!