

Photography Studio Name

123 Main Street

City, State ZIP

Email: info@studio.com

Phone: (123) 456-7890

Invoice #: _____

Date: ____ / ____ / ____

Billed To:

Client Name

Client Address Line 1

Client Address Line 2

Email: client@email.com

Phone: (____) ____-____

Photo Session Date: _____**Location:** _____**Session Type:** _____

Description	Qty	Rate	Amount
Photo Session Fee	1	_____	_____
Additional Hour(s)	—	_____	_____
Photo Prints / Products	—	_____	_____
Other	—	_____	_____

Subtotal _____

Tax _____

Total _____

Amount Paid _____

Balance Due _____**Notes / Terms:**

Payment is due within ____ days of the invoice date.

Thank you for choosing Photography Studio Name.

Please make payment to:

[Bank Details or Payment Method Info]

Photographerâ€™s Signature