

**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]

\_\_\_\_\_  
Photographer's Signature