

Photography Service Invoice

Invoice #: _____
Date: _____
Due Date: _____

From:

Photographer/Studio Name
Address
Email
Phone

Bill To:

Client Name
Address
Email
Phone

Services

Description	Hours/Qty	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal			_____
Tax			_____
Total			_____

Notes

Payment Instructions:
