

[Your Photography Studio]

[Street Address]
[City, State ZIP]
[Email Address]
[Phone Number]

INVOICE

Date: _____
Invoice #: _____

BILL TO

Client Name: _____
Address: _____
Email: _____
Phone: _____

PROJECT INFORMATION

Project/Event: _____
Date of Service: _____
Location: _____
Notes: _____

SERVICES

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
[Photography Session]	___	___	___
[Editing & Retouching]	___	___	___
[Prints/Digital Files]	___	___	___
[Other]	___	___	___

Subtotal _____
Tax _____
Total _____
Amount Paid _____
Balance Due _____

PAYMENT INSTRUCTIONS

Please submit payment to:
[Bank Details, PayPal, etc.]
Payment due date: _____

Photographer's Signature

