

# Portrait Photography Invoice

Date: \_\_\_\_\_ Invoice #: \_\_\_\_\_

**Billed To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photographer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description	Qty	Rate	Amount
Subtotal			
Tax			
Total			

**Notes / Terms:**

\_\_\_\_\_  
\_\_\_\_\_

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

Client's Signature \_\_\_\_\_