

Invoice

Date: _____

Invoice #: _____

From

Photographer Name

Address Line 1

Address Line 2

City, State, ZIP

Country

Phone: _____

Email: _____

Bill To

Client Name

Company (if applicable)

Address Line 1

Address Line 2

City, State, ZIP

Country

Phone: _____

Email: _____

Project Details

Project Name: _____

Location: _____

Date(s): _____

Services

Description	Quantity	Unit Price	Total

Expenses

Description	Amount

Subtotal

Tax

Total _____

Notes

Payment Instructions

Bank Details / PayPal / Other:
