

[STUDIO NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

[0000]
Date: [Date]
Due: [Date]

BILL TO

[Client Name]
[Company Name]
[Client Address]
[Client Email]

PROJECT

[Shoot Name/Event]
[Location]

Description	Rate	Qty	Amount
[Service Name: e.g., Creative Fee / Half-Day Rate]	\$0.00	1	\$0.00
[Service Name: e.g., Post-Production / Editing]	\$0.00	1	\$0.00
[Service Name: e.g., Image Licensing]	\$0.00	1	\$0.00
Subtotal \$0.00			

Tax ([0]%) \$0.00
Total \$0.00

Payment Terms: Net [30]. Please make checks payable to [Name] or pay via [Link/Bank].

Thank you for your business. All images remain copyright of [Studio Name] until full payment is received.