INVOICE

Studio Name / Photographer
123 Studio Ave, City, State
email@example.com

No: _____
Date: _____

CLIENT / AGENCY

_____
_____
_____

PROJECT DETAILS

Project: _____
Location: _____
Shoot Date: _____

DESCRIPTION OF SERVICES / LICENSING	QUANTITY	RATE	AMOUNT
Creative Fee: Principal Photography			
Post-Production & Advanced Retouching			
Usage License: [e.g. Commercial/Portfolio/Web]			

DESCRIPTION OF SERVICES / LICENSING	QUANTITY	RATE	AMOUNT
Expenses: [Assistant, Travel, Equipment]			

Subtotal $0.00
Tax (___%) $0.00
Total Due $0.00

TERMS & INSTRUCTIONS

Payment due within ___ days. Please make checks payable to **[Name]** or via wire transfer to **[Bank Details]**. All images remain the property of the photographer until full payment is received. Standard architectural licensing applies.