STUDIO NAME / PHOTOGRAPHY

Invoice #: _____
Date: _____

FROM

Name/Company
Address Line 1
City, State, Zip
Email/Phone

BILL TO

Client Name/Agency
Address Line 1
City, State, Zip
Contact Person

PROJECT: _____

Description (Creative Fee, Usage, Licensing)	Qty/Days	Rate	Amount
Creative Fee: Commercial Shoot			
Usage License: (Media/Duration/Region)			
Pre-Production / Scouting			
Post-Production / Retouching			

Description (Creative Fee, Usage, Licensing)	Qty/Days	Rate	Amount
Expenses (Equipment, Talent, Catering, Travel)			

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

PAYMENT TERMS

Net 30. Please make checks payable to _____ or wire to Account: _____ Swift: _____