INVOICE

[STUDIO NAME]
[STREET ADDRESS]
[CITY, STATE, ZIP]
[EMAIL/PHONE]

INVOICE NUMBER #0000
DATE ISSUED [DD/MM/YYYY]
DUE DATE [DD/MM/YYYY]

CLIENT / BILL TO **[CLIENT COMPANY NAME]**
[Contact Name]
[Billing Address]
[Tax ID/VAT if applicable]
EVENT DETAILS **[EVENT NAME]**
Date: [Event Date]
Location: [Venue Name]
PO Number: [Reference Number]

DESCRIPTION & LICENSING	QUANTITY/HRS	RATE	TOTAL
Photography Coverage On-site principal photographer	0	$0.00	$0.00
Post-Production & Editing Color correction, high-res export	0	$0.00	$0.00
Commercial Usage License [Duration/Region/Media rights]	1	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00

Amount Due $0.00

PAYMENT TERMS & METHODS

Please include invoice number with payment. Direct Deposit: [Bank Name] | Acc: [Number] | Routing: [Number]
Late fee of [0]% applies to balances overdue by [0] days.