INVOICE

[Invoice Number]

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

CLIENT / COMPANY

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

SESSION DETAILS

Date: [Session Date]
Due Date: [Due Date]
PO Number: [Reference]

Description	Qty	Rate	Amount
Commercial Session Fee (Includes lighting & studio setup)	1	$0.00	$0.00
High-Resolution Retouched Images	[Qty]	$0.00	$0.00
Commercial Usage License (Unlimited/Perpetual)	1	$0.00	$0.00
On-Site Travel / Equipment Fee	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Studio Name]**.
For Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Late payments are subject to a [X]% monthly fee.