STUDIO NAME / PHOTOGRAPHY

INVOICE

FROM

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

BILL TO

[Client Company Name]
[Contact Person]
[Client Address]
[Project Reference]

INVOICE DETAILS

Number: [000]
Date: [Month Day, Year]

SHOOT DETAILS

Location: [Address/Studio]
Date: [Shoot Date]

DESCRIPTION & LICENSING TERMS	QUANTITY	RATE	AMOUNT
Creative Fee: Lifestyle Session (Full Day)	1	$0.00	$0.00
Usage/Licensing: [Duration/Media/Region]	1	$0.00	$0.00
Production: [Assistant / Styling / Props]	-	$0.00	$0.00

DESCRIPTION & LICENSING TERMS	QUANTITY	RATE	AMOUNT
Post-Production: Retouching ([X] Images)	[X]	$0.00	$0.00

Subtotal $0.00
Tax $0.00
Total Due $0.00

PAYMENT TERMS

Please make checks payable to [Business Name].
Direct Bank Transfer: [Routing # / Account #]
Due Date: Net [30] Days

Thank you for your business. Licensing rights are transferred only upon receipt of full payment.