INVOICE

[Studio/Photographer Name]
[Contact Email / Phone]

Date: [DD/MM/YYYY]
Invoice #: [0000]

CLIENT / AGENCY

[Client Name]
[Client Address]
[Client VAT/Tax ID]

PROJECT

[Editorial Shoot Title]
Publication: [Magazine Name]

DESCRIPTION	RATE	QTY	TOTAL
Creative Fee Day rate for editorial photography	[0.00]	[0]	[0.00]
Usage & Licensing 6 months print/digital exclusive	[0.00]	[0]	[0.00]
Post-Production High-end retouching per image	[0.00]	[0]	[0.00]
Production Expenses Studio rental, equipment, catering	[0.00]	[0]	[0.00]

Subtotal [0.00]
Tax (%) [0.00]
Amount Due [0.00] [CUR]

PAYMENT TERMS

Please remit payment within [30] days. Bank Transfer details: [Bank Name / IBAN / Swift]. Licensing rights are granted only upon full receipt of payment.