STUDIO NAME

123 Photography Lane
City, State, Zip
contact@email.com

INVOICE

No: _____
Date: _____

CLIENT / AGENCY

_____
_____
_____

PROJECT DESCRIPTION

Campaign: _____
Shoot Date: _____

Description	Qty/Hrs	Rate	Amount
Creative Fee (Session)			
Food Stylist Fee			
Prop Sourcing & Rentals			
Image Licensing (Commercial Use)			

Description	Qty/Hrs	Rate	Amount
Post-Production / Retouching			

Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

Payment Terms: Net 30. Please make checks payable to [Studio Name].
Usage Rights: Rights are granted only upon receipt of full payment.