INVOICE

[Studio Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / PROPERTY

[Client Name / Hotel Name]
[Attn: Marketing Manager]
[Property Address]
[Tax ID/VAT if applicable]

PROJECT DETAILS

Shoot Type: [Architecture/Food/Lifestyle]
Location: [Specific Room/Venue]
Shoot Date: _____

DESCRIPTION	QUANTITY/HRS	RATE	AMOUNT
Creative Fee: Professional Photography			
Image Post-Processing & Retouching			
Usage Rights: Digital/Print Commercial License			

DESCRIPTION	QUANTITY/HRS	RATE	AMOUNT
Assistant / Lighting Grip Fee			
Travel & Incidentals			

Subtotal $0.00
Tax (%) $0.00
Balance Due $0.00

Payment Terms: Net [30] days. Please make checks payable to [Studio Name] or pay via [Bank Transfer Details].

Licensing: Images are licensed for [Specified Use] only upon full receipt of payment.