[STUDIO NAME]

[Industrial Photography Specialist]
[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

BILL TO:

[Client Company Name]
[Contact Person]
[Project Site / Address]

INVOICE #: [0000]
DATE: [Date]
PO #: [Number]
PROJECT: [Plant/Facility Name]

Description of Services / Equipment	Qty/Hrs	Rate	Amount
On-site Industrial Session (Day Rate)	-	-	-
Post-Processing & High-Res Retouching	-	-	-
Usage Rights: [Commercial/Industrial License]	-	-	-
Specialized Equipment Fee (Drone/PPE/Lighting)	-	-	-
Travel & Expenses	-	-	-

Subtotal $0.00
Tax $0.00
Total Amount $0.00

PAYMENT TERMS

Net [30] days. Please make checks payable to [Studio Name].
Wire Transfer Details: [Bank Name] | Account: [Number] | Routing: [Number]