INVOICE

[STUDIO NAME]
[ADDRESS]
[EMAIL/PHONE]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[CLIENT NAME]
[COMPANY NAME]
[ADDRESS]

PROJECT:

[PROJECT TITLE / CAMPAIGN NAME]

DESCRIPTION OF SERVICES & ASSETS	QTY	UNIT PRICE	TOTAL
Creative Fee Photography session, equipment, and production.	___	$0.00	$0.00
Commercial Usage License Grant of rights for [Medium/Territory/Duration].	___	$0.00	$0.00
Post-Production High-end retouching and color grading.	___	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount: $0.00

COMMERCIAL USAGE SPECIFICATIONS:

- **Media:** [e.g., Digital, Print, OOH]
- **Territory:** [e.g., North America, Worldwide]
- **Duration:** [e.g., 2 Years from Invoice Date]
- **Exclusivity:** [e.g., Non-Exclusive]

Note: Usage rights are only granted upon receipt of full payment. Copyright remains with the photographer unless otherwise specified in writing.

Payment Instructions: [Bank Details / PayPal / Check Info]