[Studio/Photographer Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

No: [000]
Date: [Date]

Bill To:
[Client Company Name]
[Contact Person]
[Client Address]
Session Details:
Project: [Product Name/Campaign]
Shoot Date: [Date]
Usage: [License Type]

DESCRIPTION	QUANTITY/HRS	RATE	AMOUNT
Creative Fee (Session & Equipment)			
Product Styling / Set Design			
High-Res Retouching / Post-Processing			
Commercial Usage License			

Subtotal: [0.00]

Tax: [0.00]

Total Due: [0.00]

Payment Terms: [Net 30/Due on Receipt]
Payment Methods: [Bank Transfer / Check / Credit Card]

Thank you for your business.