STUDIO NAME / PHOTOGRAPHER

INVOICE # 0000
DATE: 00/00/0000

FROM

Photographer Name
Studio Address Line 1
City, State, Zip
Email / Phone

BILL TO

Client Name / Agency
Client Address Line 1
City, State, Zip
Project Ref: _____

DESCRIPTION OF SERVICES	RATE	QTY	TOTAL
Day Rate / Session Fee: _____	$0.00	1	$0.00
Image Licensing / Usage: _____	$0.00	1	$0.00
Post-Production / Retouching (per image)	$0.00	0	$0.00
Studio Rental / Equipment Fees	$0.00	1	$0.00

DESCRIPTION OF SERVICES	RATE	QTY	TOTAL
Expenses (Travel, Catering, Crew)	$0.00	1	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Amount $0.00

Payment Terms

Please make payment within 30 days of receipt. Accepted payment methods: Wire Transfer, Check, or Credit Card.

Note: Copyright of all images remains with the photographer until full payment is received.