# INVOICE

[Your Business Name]
[Address Line 1]
[Email/Phone]

**Date:** [MM/DD/YYYY]
**Invoice #:** [000]

**Client Information:**

[Bride's Name]
[Wedding Date]
[Venue Location]

| Service Description | Qty | Rate | Amount |
|---|---|---|---|
| Bridal Hair Styling (Full Package & Trial) | 1 | $0.00 | $0.00 |
| Bridesmaids/Attendants Styling | [0] | $0.00 | $0.00 |
| Mother of the Bride/Groom | [0] | $0.00 | $0.00 |
| Travel & On-Site Fees | 1 | $0.00 | $0.00 |

**Subtotal: $0.00**

**Deposit Paid: ($0.00)**

**Total Balance Due: $0.00**

Payment due by: [Date]

Thank you for choosing us for your special day!