INVOICE

[Artist Name/Studio]
[Address Line 1]
[Phone Number]
[Email/Website]

Invoice #: [000]
Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

EVENT DETAILS:

Wedding Date: [Date]
Location: [Venue Name]
Ready Time: [00:00 AM/PM]

SERVICE DESCRIPTION	QTY	UNIT PRICE	TOTAL
Bridal Makeup Package (includes trial)	1	$0.00	$0.00
Bridal Party/Bridesmaid Makeup	[Qty]	$0.00	$0.00
Flower Girl / Junior Makeup	[Qty]	$0.00	$0.00

SERVICE DESCRIPTION	QTY	UNIT PRICE	TOTAL
Travel Fee / On-location Fee	1	$0.00	$0.00

Subtotal: $0.00
Deposit Paid: -$0.00
Balance Due: $0.00

Payment Instructions:
Please include Invoice # in payment reference. Accepted: [Zelle/Venmo/Bank Transfer].

Terms: Remaining balance is due [Number] days prior to the wedding date. All deposits are non-refundable.