STUDIO LOGO

123 Beauty Lane, Suite 100
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

BILL TO:

Name: _____
Phone: _____
Email: _____

APPOINTMENT INFO:

Technician: _____
Procedure Date: _____

Service Description	Qty	Unit Price	Total
Microblading Initial Session	____	$_____	$_____
Microblading Touch-up (6-8 Weeks)	____	$_____	$_____
Aftercare Kit / Ointment	____	$_____	$_____

Service Description	Qty	Unit Price	Total
Other: _____	____	$_____	$_____

Subtotal: $_____
Tax: $_____
Deposit Paid: ($_____)

Balance Due: $_____

Thank you for choosing our studio for your permanent makeup services.

Note: Deposits are non-refundable. Please follow all provided aftercare instructions for best results.