INVOICE

Studio Name / Photographer Name
Contact Details / Portfolio URL

Invoice #: _____
Date: _____
Due Date: _____

CLIENT

Name: _____
Email: _____
Phone: _____

EVENT DETAILS

Location: _____
Venue: _____
Event Date: _____

Description of Services & Travel	Rate	Qty/Hrs	Amount
Wedding Coverage Package (Primary Photographer)			
Airfare & Ground Transportation			
Accommodation (Nights)			

Description of Services & Travel	Rate	Qty/Hrs	Amount
Post-Processing & Digital Gallery			
Additional Assets (Album/Prints)			

Subtotal $ _____
Travel Stipend / Tax $ _____
Deposit Paid - $ _____
Balance Due $ _____

Payment Instructions:
Please include Invoice # with payment. Accepted methods: Wire Transfer, Credit Card, or PayPal.

Terms:
Full payment is required 30 days prior to the event date. Travel expenses are non-refundable once booked.