

INVOICE

[Studio Name]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

CLIENT / FIRM

[Client Name]
[Project Manager]
[Address Line 1]

PROJECT DETAILS

Project: [Project Name/Number]
Location: [Site Address]
Shoot Date: [Date]

DESCRIPTION OF SERVICES	UNITS/QTY	RATE	AMOUNT
Creative Fee (Photography / Art Direction)	[Qty]	[\$[0.00]]	[\$[0.00]]
Post-Production & Advanced Retouching	[Qty]	[\$[0.00]]	[\$[0.00]]
Image Licensing (Standard Commercial Use)	[Qty]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION OF SERVICES	UNITS/QTY	RATE	AMOUNT
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Travel / Expenses	-	-	[\$0.00]
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Subtotal: [\$0.00]			
Tax ([0] %): [\$0.00]			
Total Due: [\$0.00]			

PAYMENT TERMS

Please make checks payable to [Studio Name] or transfer via [Bank Details]. Payment is due within 30 days. Usage rights are granted only upon receipt of full payment.