INVOICE

Studio Name
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Client:

Name: _____
Email: _____
Phone: _____

Session Details:

Location: _____
Date: _____
Time: _____

Description	Rate/Price	Qty	Total
Engagement Session Base Fee (___ hours)	$		$
Additional Location / Travel Fee	$		$
Digital Gallery & High-Res Downloads	$		$
Custom Print Credit / Album	$		$

Subtotal: $ _____

Tax: $ _____

Amount Due: $ _____

Notes / Terms:

Please make checks payable to _____.
A non-refundable retainer is required to secure your date. Remaining balance is due on or before the session date.