STUDIO/PHOTOGRAPHER NAME

123 Fashion Ave, Suite 4
New York, NY 10001
contact@studio.com

INVOICE

Date: _____
Invoice #: _____

BILL TO

Client/Agency Name
Street Address
City, State, Zip
Attention: Project Manager

SHOOT DETAILS

Project: _____
Date: _____
Location: _____

DESCRIPTION	RATE/UNIT	QTY	AMOUNT
Creative Fee (Photography)	$		$
Usage/Licensing (Duration/Region)	$		$
Digital Post-Production / Retouching	$		$

DESCRIPTION	RATE/UNIT	QTY	AMOUNT
Studio Rental / Location Fees	$		$
Equipment Rental (Lighting/Camera)	$		$
Crew (Assistant, Stylist, H&MU)	$		$

Subtotal: $_____

Tax: $_____

Total Due: $_____

PAYMENT TERMS

Please make checks payable to **[Name]**. Direct bank transfer: **[Bank Details]**.
Payment is due within 30 days of invoice date. Usage rights are granted only upon full receipt of payment.