INVOICE

[Photographer/Studio Name]
[Business Address]
[Email/Phone]

Invoice # [000]
Date: [MM/DD/YYYY]

BILL TO:

[Client Name/Restaurant]
[Client Address]
[Contact Person]

PROJECT:

[Food Photography Project Title]
Shoot Date: [MM/DD/YYYY]

DESCRIPTION	QTY/HRS	RATE	AMOUNT
Creative Fee (Half-Day/Full-Day Rate)	[0]	$0.00	$0.00
Image Post-Processing & Retouching	[0]	$0.00	$0.00
Food Stylist Fee / Props	[0]	$0.00	$0.00
Usage Licensing (Digital/Commercial)	[0]	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00
Total Due: $0.00

Payment Terms: Net [30] days. Please make checks payable to [Business Name].

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