INVOICE

[Photographer Name/Studio]

[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____

Date: _____

Due Date: _____

Bill To:

[Client Name]
[Company Name]
[Client Address]
[Client Email]

Project/Event:

[Event Name/Date]

Description	Rate/Price	Qty/Hrs	Total
Photography Services (Session Fee)			
Post-Processing & Image Editing			
Licensing/Usage Fees			

Description	Rate/Price	Qty/Hrs	Total
Travel/Additional Expenses			

Subtotal: $_____

Tax: $_____

Balance Due: $_____

Payment Information:

Payment via: [Bank Transfer / PayPal / Check]
Account Details: [Information Here]

Thank you for your business!