INVOICE

#INV-000

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

BILL TO

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

SESSION DETAILS

Date: [Session Date]
Location: [Location Name]
Due Date: [Due Date]

DESCRIPTION	RATE	QTY	AMOUNT
Lifestyle Session Fee Includes photography time and artistic direction.	$0.00	1	$0.00
Digital Image Gallery High-resolution edited files with print release.	$0.00	1	$0.00
Travel / Permit Fee Location specific expenses.	$0.00	1	$0.00

Subtotal: $0.00
Tax: $0.00

Total: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please include invoice number with your payment. We accept Bank Transfer, PayPal, or Credit Card. All digital assets will be delivered upon receipt of full payment.