INVOICE

#INV-001

Studio Name Photography
123 Creative Lane
City, State, Zip

BILL TO: **Client Name**
Email: client@email.com
Phone: (555) 000-0000

SESSION DATE: MM/DD/YYYY
DUE DATE: MM/DD/YYYY

Description	Qty	Unit Price	Total
Newborn Portrait Session (Standard 3-hour)	1	$0.00	$0.00
Digital Gallery - High Resolution Images	1	$0.00	$0.00
Custom Print Package / Album	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment via Bank Transfer, Credit Card, or Check.

Thank you for letting me capture these special memories!