[STUDIO NAME]

Sports & Action Photography
[Address Line 1]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____

BILL TO:
[Client Name / Team]
[Contact Person]
[Address]
[Phone/Email]
EVENT DETAILS:
Game/Event: _____
Location: _____
Date of Coverage: _____

DESCRIPTION OF SERVICES / LICENSING	QTY/HRS	RATE	AMOUNT
On-site Action Photography Coverage			
Post-Processing & Digital Editing			
Commercial Usage License (Digital Assets)			

DESCRIPTION OF SERVICES / LICENSING	QTY/HRS	RATE	AMOUNT
Travel / Equipment Fee			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Payment Terms: Net [30] Days. Please make checks payable to **[Studio Name]**.

Notes: Images are delivered via digital gallery upon receipt of payment. Usage rights are granted per the attached Licensing Agreement.