

# [STUDIO NAME]

[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

## DEPOSIT INVOICE

Invoice #: [000]  
Date: [Date]

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### CLIENT INFORMATION

[Client Name]  
[Phone]  
[Email]

### SESSION DETAILS

**Portrait Type:** [Session Type]  
**Scheduled Date:** [Session Date]  
**Location:** [Location Name]

### DESCRIPTION

### AMOUNT

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Non-Refundable Retainer for Portrait Session	\$0.00
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Studio Location / Travel Fee (if applicable)	\$0.00
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Subtotal: \$0.00  
Tax: \$0.00

Deposit Due: \$0.00

**TERMS**

This deposit is required to secure your booking date and time. Deposits are non-refundable but may be applied to a rescheduled session per studio policy. The remaining balance for your collection is due [Timeframe/Date].

Thank you for choosing [Studio Name] for your portrait experience.