

INVOICE

Deposit for Portrait Session

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

BILL TO

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

DETAILS

Invoice #: [0000]
Date Issued: [Date]
Due Date: [Date]

Description	Session Date	Amount
Portrait Booking Deposit Non-refundable retainer to secure session date/time	[Date]	\$0.00

Subtotal \$0.00
Tax (0%) \$0.00
Deposit Amount Due \$0.00

PAYMENT METHODS

[Zelle / Venmo / Bank Transfer Details / Credit Card Link]

Note: This deposit is required to confirm your booking and will be applied to your final session balance. Please review the cancellation policy outlined in your contract.