

# INVOICE

Lifestyle Portrait Session

INVOICE NUMBER

#0000

DATE ISSUED

[Date]

PHOTOGRAPHER

**[Business Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

**[Client Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

SESSION DATE

[Date of Shoot]

LOCATION

[Session Location Name/Address]

Description	Qty/Hrs	Rate	Amount
<b>Portrait Session Fee</b> Includes shooting time and basic editing.	1	\$0.00	\$0.00
<b>Image Licensing / Digital Gallery</b> High-resolution digital downloads.	1	\$0.00	\$0.00

Description	Qty/Hrs	Rate	Amount
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<b>Travel / Add-ons</b>	-	\$0.00	\$0.00
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Location travel fee or additional requested services.

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Subtotal \$0.00

Tax \$0.00

Total Due \$0.00

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PAYMENT INSTRUCTIONS

Please complete payment via [Bank Transfer/Online Link/Check]. Payments are due within [Number] days of invoice date.  
Thank you for choosing [Business Name] to capture your lifestyle session.