[Studio Name]

[Phone Number]
[Email Address]
[Website]

DEPOSIT INVOICE

NO: [000]
DATE: [DATE]

CLIENT DETAILS

[Client Name]
[Phone]
[Email]

SESSION DETAILS

Maternity Photography Session
Date: [Session Date]
Location: [Location/Studio]

Description	Amount
Maternity Portrait Session (Professional Fee)	$[0.00]
Booking Retainer / Non-Refundable Deposit	$[0.00]

Total Session Cost: $[0.00]

DEPOSIT DUE NOW: $[0.00]

Remaining Balance: $[0.00]

Payment Terms: Deposit is required to secure your date. The remaining balance is due [X] days prior to or on the day of the session. Deposits are non-refundable but may be transferred to a new date with [X] hours notice.

Payment Methods: [Bank Transfer / PayPal / Credit Card Details]