

DEPOSIT INVOICE

[Photography Studio Name]

[Address Line 1]

[City, State, Zip]

INVOICE # [0001]

DATE [MM/DD/YYYY]

BILL TO:

[Senior Name / Parent Name]

[Address Line 1]

[Email Address]

SESSION DETAILS:

Senior Portrait Session

Scheduled Date: [MM/DD/YYYY]

Location: [Location Name/Address]

Description	Total Package Price	Deposit Amount (Due Now)
Senior Session Retainer Non-refundable deposit to secure portrait date and time.	[\$0.00]	[\$0.00]

Deposit Due: \$[0.00]

Remaining Balance: \$[0.00]

Balance due on or before session date.

Payment Instructions: [e.g., Check, Credit Card, or Online Portal Link]

Terms: Deposits are non-refundable and required to confirm your booking. The remaining balance is due by the date of the session.