

# STUDIO PORTRAIT SESSION

123 Photography Lane  
Art City, ST 56789  
hello@studioportrait.com

## INVOICE

No: # \_\_\_\_\_  
Date: \_\_\_\_\_

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### CLIENT INFORMATION

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### SESSION DETAILS

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Description	Qty	Rate	Amount
Session Fee (Retainer)	_____	\$_____	\$_____
Additional Retouched Images	_____	\$_____	\$_____
Equipment / Studio Rental	_____	\$_____	\$_____

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_  
Total Due: \$ \_\_\_\_\_

Payment is due within 15 days of invoice date.  
Thank you for choosing our studio for your portraits.