[Studio Name]

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

INVOICE

DATE: [DATE]
INVOICE #: [000]

Bill To:

[Bride's Name]
[Address]
[Phone Number]

Event Details:

Wedding Date: [Date]
Location: [Venue Name]
Ready Time: [Time]

Service Description	Qty	Unit Price	Amount
Bridal Makeup Application (Includes Trial)	[ ]	$0.00	$0.00
Bridesmaid / Attendant Makeup	[ ]	$0.00	$0.00
Mother of Bride/Groom Makeup	[ ]	$0.00	$0.00

Service Description	Qty	Unit Price	Amount
Flower Girl (Light Styling)	[ ]	$0.00	$0.00
Travel Fee / On-Site Surcharge	1	$0.00	$0.00

Subtotal: $0.00
Less Deposit Paid: ($0.00)
Balance Due: $0.00

Payment Instructions:

Please make checks payable to [Business Name] or pay via [Venmo/Zelle/PayPal]. Final balance is due [Number] days prior to the event date.

Thank you for choosing [Studio Name] for your special day!