INVOICE

[Artist/Studio Name]
[Address Line 1]
[Phone Number]
[Email Address]

Invoice #: [0000]
Date: [Date]
Event Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

EVENT DETAILS:

[Event Type: e.g., Wedding/Gala]
Location: [Venue Name]
Ready Time: [00:00 AM/PM]

DESCRIPTION OF SERVICES	QTY/RATE	AMOUNT
[Service Name: e.g., Bridal Makeup Application]	[1]	[$0.00]
[Service Name: e.g., Attendant/Bridesmaid Makeup]	[0]	[$0.00]
[Add-on: e.g., Luxury Lashes / Airbrushing]	[0]	[$0.00]

DESCRIPTION OF SERVICES	QTY/RATE	AMOUNT
[Travel Fee / Early Morning Fee]	[1]	[$0.00]

Subtotal: [$0.00]

Deposit Paid: -[$0.00]

Balance Due: [$0.00]

Payment Instructions: [e.g., Zelle, PayPal, or Bank Transfer details]

Terms: Please remit final balance 7 days prior to the event date. Deposits are non-refundable.

Thank you for choosing [Artist Name] for your special event.