MAKEUP ARTIST NAME

123 Beauty Lane
City, State, Zip
Email: contact@mua.com
Phone: (555) 000-0000

BILL TO

Client Name
Event Location / Address
Phone: (555) 000-0000

Invoice #: 0001
Date: _____
Event Date: _____

Description of Service	Qty/Rate	Total
Bridal / Event Makeup Application	$ 0.00	$ 0.00
Travel Fee	$ 0.00	$ 0.00
Additional Services (Lashes, Airbrush, etc.)	$ 0.00	$ 0.00

Subtotal: $ 0.00
Deposit Paid: - $ 0.00
Balance Due: $ 0.00

Payment Instructions:
Please make payments via [Venmo/PayPal/Zelle/Bank Transfer].
Final balance is due on or before the event date.

Thank you for choosing my services for your special event!