

# MAKEUP ARTIST INVOICE

Artist/Business Name

Invoice #

Date

Client Information  
Event Details (Location/Time)

| Service Description            | Qty | Rate | Total |
|--------------------------------|-----|------|-------|
| Consultation & Trial           |     |      |       |
| Makeup Application (Full Face) |     |      |       |
| Bridal / Special Occasion      |     |      |       |
| Lash Application / Add-ons     |     |      |       |
| Travel Fee / On-site Fee       |     |      |       |
|                                |     |      |       |
|                                |     |      |       |

Subtotal\$  
Deposit Paid(\$ )  
Balance Due\$

Notes / Terms

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Thank you for choosing our services!

Payment Methods Accepted: [ Cash | Venmo | Card | Bank Transfer ]