INVOICE

Artist: _____

Email: _____

Date: _____

Invoice #: _____

Client Details:

Name: _____
Event Date: _____
Location: _____

Event Type:
[ ] Bridal [ ] Editorial [ ] Special Event

Service Description	Quantity	Unit Price	Total
_____	_____	$_____	$_____
_____	_____	$_____	$_____
Travel/Misc Fees	-	-	$_____

Subtotal: $_____
Non-Refundable Deposit Paid: ($_____)
Remaining Balance Due: $_____

Payment Information:

Due Date for Balance: _____
Payment Methods: _____

Terms: A deposit is required to secure the date. The remaining balance is due on or before the event date. Cancellations made within ____ days of the event are subject to full payment.