INVOICE

[Your Business Name]
[Email/Phone/Social]

GROUP BOOKING

Date: [Date]
Invoice #: [000]

BILL TO: [Client Name / Point of Contact]
[Phone Number]
[Email Address]
EVENT DETAILS: Event Type: [e.g., Wedding/Photoshoot]
Date: [Event Date]
Location: [Venue Address]

Service / Client Name	Description	Rate
[Client 1 Name]	[Full Face Makeup + Lashes]	$0.00
[Client 2 Name]	[Full Face Makeup]	$0.00
[Client 3 Name]	[Eyes Only]	$0.00
Travel Fee	[Distance/Zone]	$0.00

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

PAYMENT INSTRUCTIONS & POLICY:

Please complete payment via [Venmo/Zelle/Bank Transfer] to: [Details].
Final balance is due [Number] days before or on the date of service. All deposits are non-refundable.