MAKEUP ARTIST INVOICE

Invoice #: _____
Date: _____

FROM

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

BILL TO

[Client Name]
[Event/Project Name]
[Address Line 1]
[Email]

Description of Services	Hourly Rate	Hours	Amount
Makeup Application (Full Face)	$		$
Touch-up Services / On-site Standby	$		$
Travel Fee / Kit Fee	-	-	$
[Additional Service]	$		$

Subtotal: $ _____
Tax/Fees: $ _____
Total Due: $ _____

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]** or pay via **[Electronic Payment Method]**. Payments are due within [Number] days of invoice date. Thank you for your business!