MAKEUP ARTIST NAME

INVOICE
#00000
Date: _____

FROM

[Your Name/Studio]
[Address Line 1]
[Phone Number]
[Email Address]

BILL TO

[Client Name]
[Event Date]
[Location/Venue]
[Client Email]

DESCRIPTION	QTY/RATE	AMOUNT
Makeup Trial Consultation (Traditional/Airbrush)	1	$0.00
Main Event Makeup Application (Bride/Subject)	1	$0.00
Attendant/Bridesmaid Makeup Application	0	$0.00
Lash Application & Kit	0	$0.00

DESCRIPTION	QTY/RATE	AMOUNT
Travel Fee / Early Start Fee	-	$0.00

Subtotal $0.00
Deposit Paid ($0.00)
Balance Due $0.00

Payment Instructions:
Please include invoice number with payment. Accepted: Venmo, Zelle, or Bank Transfer.
Remaining balance is due on or before the event date. Deposits are non-refundable.