INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

LOCATION DETAILS:

Venue: _____
Event Date: _____
Start Time: _____

DESCRIPTION OF SERVICES	QUANTITY	RATE	AMOUNT
Bridal / Principal Makeup Application			
Attendant / Guest Makeup			
Travel Fee (On Location)			

DESCRIPTION OF SERVICES	QUANTITY	RATE	AMOUNT
Early Start / Holiday Surcharge			
Trial Session (Pre-paid / Applied)			

Subtotal: $ _____
Deposit Paid: - $ _____

TOTAL BALANCE DUE: $ _____
PAYMENT TERMS:

Please make checks payable to **[Name]**.
Digital Payments (Venmo/Zelle/PayPal): **[Account Info]**
Thank you for choosing my services for your special event!