STUDIO NAME

INVOICE

INV-001
Date: [Date]

ARTIST INFORMATION

[Your Name/Business]
[Address Line 1]
[Phone / Email]
[Tax ID/VAT if applicable]

CLIENT / EVENT DETAILS

[Client Name]
Event: [e.g. Wedding/Gala]
Location: [Venue Address]
Date: [Event Date]

SERVICE DESCRIPTION	QTY/RATE	AMOUNT
Bridal/Principal Makeup Application (Includes Trial)	1	$0.00
Bridesmaid / Attendee Makeup	[Qty]	$0.00
Travel Fee / On-Site Surcharge	[Miles]	$0.00
Early Start Fee (Before 7:00 AM)	1	$0.00

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

PAYMENT INSTRUCTIONS

Please make all payments via [Venmo/Zelle/Bank Transfer].
Account Details: [Account Number / Details]
Due Date: [Date]

DUE UPON RECEIPT