INVOICE

[Artist/Studio Name]
[Phone Number]
[Email Address]
[Website/Portfolio]

DATE: [MM/DD/YYYY]
INVOICE #: [0001]

CLIENT INFORMATION

[Client Name]
[Parent/Guardian Name (if applicable)]
[Address]
[Phone Number]

EVENT DETAILS

Prom Date: [Date]
Ready Time: [Time]
Location: [Venue/Hotel Name]

DESCRIPTION OF SERVICES	QTY	UNIT PRICE	AMOUNT
Prom Makeup Application (Includes Lashes)	1	$0.00	$0.00
Travel Fee / On-Location Convenience	-	$0.00	$0.00
Touch-Up Kit (Lipstick, Blotting Papers)	1	$0.00	$0.00

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

Payment Instructions: [Zelle/Venmo/Cash/PayPal Details]

Terms: All deposits are non-refundable. Please arrive with a clean face and moisturized skin. Cancellations must be made at least 48 hours in advance.