INVOICE

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

Invoice #: [000]
Date: [MM/DD/YYYY]
Event Date: [MM/DD/YYYY]

BILL TO

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

EVENT LOCATION

[Venue Name]
[Venue Address]
[Start Time / Ready Time]

Service Description	Qty/Persons	Rate	Amount
Bridal Makeup Artistry (Includes Consultation & Trial)	[0]	$[0.00]	$[0.00]
Bridal Party / Bridesmaid Makeup	[0]	$[0.00]	$[0.00]
Mother of the Bride/Groom	[0]	$[0.00]	$[0.00]

Service Description	Qty/Persons	Rate	Amount
Travel Fee / On-Site Location Fee	[0]	$[0.00]	$[0.00]
False Lash Application (Add-on)	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Deposit Paid: - $[0.00]
Balance Due: $[0.00]

Payment Instructions: [Zelle, Venmo, or Bank Transfer Details]

Thank you for choosing [Artist Name] for your special day!