

PURCHASE INVOICE

[Photography Studio Name]
[Street Address]
[City, State, Zip]

Invoice #: [000000]
Date: [MM/DD/YYYY]
PO #: [000-000]

VENDOR / SELLER

[Equipment Supplier Name]
[Address Line 1]
[Address Line 2]
[Tax ID / Contact]

SHIP TO / BUYER

[Studio/Individual Name]
[Shipping Address]
[City, State, Zip]
[Email/Phone]

Description & Serial Number	Qty	Unit Price	Total
[Product Name / Lens / Body / Lighting] S/N: [0000000000]	0	\$0.00	\$0.00
[Product Name / Accessory] S/N: [0000000000]	0	\$0.00	\$0.00
[Product Name / Support Gear] S/N: [0000000000]	0	\$0.00	\$0.00

Subtotal \$0.00
Sales Tax (0%) \$0.00
Shipping & Handling \$0.00
Grand Total \$0.00

TERMS & NOTES

Warranty information: [Manufacturer/Third-party coverage details]. All equipment remains property of the seller until full payment is received. 30-day return policy applies to unopened items only.