ESTIMATE / INVOICE

[0000]
Date: [DD/MM/YYYY]

[Photography Studio Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Client:
[Company Name]
[Contact Person]
[Billing Address]
Event Details:
Event Name: [Name]
Location: [Venue Name]
Date: [Event Date]

DESCRIPTION	RATE/UNIT	QTY/HRS	TOTAL
Corporate Event Coverage (On-site)	$0.00	0	$0.00
Post-Production & Image Editing	$0.00	0	$0.00
Digital Gallery Hosting & Delivery	$0.00	1	$0.00
Additional License/Travel Fees	$0.00	1	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Grand Total: $0.00

Notes & Terms:

1. This is an estimate valid for 30 days.
2. 50% deposit required to secure booking date.
3. Balance due within 15 days of image delivery.