ESTIMATE INVOICE

Studio Name: _____
Email: _____
Phone: _____

Date: _____
Estimate #: _____
Valid Until: _____

Client / Brand:

_____
_____
_____

Project Details:

Shoot Date: _____
Location: _____
Product Type: _____

Description	Quantity/Hrs	Unit Price	Total
Creative Fee / Day Rate			
Product Prep / Styling			
High-Res Retouching			
Equipment Rental			

Description	Quantity/Hrs	Unit Price	Total
Studio Rental Fee			

Subtotal: $_____
Tax: $_____

Estimated Total: $_____

Terms: A _____% deposit is required to confirm the session date. Final balance is due upon delivery of watermarked proofs. This is an estimate based on current project scope.

Signature: _____