STUDIO NAME / PHOTOGRAPHY

ESTIMATE: #000
DATE: 00/00/0000

CLIENT / AGENCY

[Name]
[Company]
[Email/Phone]

PRODUCTION DETAILS

Project: [Editorial Title]
Location: [Studio/Location]
Shoot Date: [Date]

DESCRIPTION	QUANTITY/DAYS	RATE	TOTAL
Creative Fee: Photography & Direction	1	-	0.00
Image Licensing (Editorial Use Only)	-	-	0.00
Digital Post-Production & Retouching	-	-	0.00
Studio Rental & Equipment Hire	1	-	0.00
Assistant / Digital Tech	1	-	0.00

TOTAL ESTIMATE $ 0.00

TERMS & NOTES

â€¢ Estimate is valid for 30 days. Expenses are billed at cost.

â€¢ 50% deposit required to secure production date.

â€¢ Licensing rights are transferred upon receipt of full payment.

Studio Address Line 1 â€¢ City, State, ZIP â€¢ website.com â€¢ contact@email.com