ESTIMATE

[Studio Name]
[Email/Phone]

Date: _____
Estimate #: _____

CLIENT

[Client Name]
[Phone Number]
[Email Address]

SESSION DETAILS

Location: _____
Date: _____
Duration: _____

Description	Qty	Rate	Amount
Engagement Photography Session (Base Rate)			
High-Resolution Digital Image Gallery			
Professional Post-Processing & Editing			
Travel / Location Fees			
Additional Prints/Add-ons			

Subtotal $0.00

Tax $0.00
Total Estimate $0.00

This is an estimate only. Final pricing is subject to contract signature and deposit.

Valid for 30 days from date issued.