STUDIO NAME

Fine Art Photography
123 Creative Lane
art@studio.com

ESTIMATE

Date: _____
Estimate #: _____

CLIENT

Name: _____
Email: _____
Phone: _____

SESSION DETAILS

Location: _____
Date: _____
Duration: _____

Description of Services / Artwork	Quantity	Amount
Creative Session Fee & Post-Production		$
Fine Art Prints (Museum Grade)		$
Digital Gallery (High-Resolution)		$

Description of Services / Artwork	Quantity	Amount
Licensing / Usage Fees		$

Subtotal $ _____
Tax $ _____
Estimated Total $ _____

TERMS & NOTES

â€¢ This is an estimate only and not a final invoice.
â€¢ A non-refundable retainer is required to secure the session date.
â€¢ Final balance is due upon delivery of final artwork gallery.