STUDIO [NAME]
ARCHITECTURAL PHOTOGRAPHY

INVOICE
INV-001
Date: [Date]

CLIENT

[Client Name / Firm]
[Street Address]
[City, State, Zip]

PROJECT

[Project Name]
[Property Location]
PO #: [Number]

DESCRIPTION	QUANTITY/HRS	RATE	AMOUNT
On-Site Photography (Day Rate)	-	-	$0.00
Post-Production & High-End Retouching	-	-	$0.00
Usage License: [Standard/Commercial/Global]	-	-	$0.00
Travel & Equipment Fees	-	-	$0.00

Subtotal $0.00
Tax $0.00
Total Amount $0.00

Payment Terms: Net 30. Please make checks payable to [Studio Name].
Wire Transfer: [Bank Name] | **IBAN:** [Number] | **SWIFT:** [Code]
Images remain the property of the photographer until full payment is received.