INVOICE

STUDIO NAME
123 Photo Lane, Creative Suite
City, ST 12345
studio@example.com

BILL TO

Client Name / Company
Street Address
City, State, Zip
Contact Email

DETAILS

Invoice #: 0000
Date Issued: MM/DD/YYYY
Project: Commercial Portrait Session
Due Date: MM/DD/YYYY

DESCRIPTION	QUANTITY/HRS	RATE	AMOUNT
Creative Fee: Commercial Portraiture (Day Rate)	1	$0.00	$0.00
Post-Production: Color Correction & Basic Retouching	1	$0.00	$0.00
Licensing: Commercial Web & Print Use (2 Years)	1	$0.00	$0.00
Equipment Rental / Studio Fee	1	$0.00	$0.00

Subtotal $0.00

Tax (0%) $0.00
Total Amount $0.00

PAYMENT INSTRUCTIONS

Please include invoice number with payment. Direct deposit available via Bank Name (Routing: 000000000 / Account: 00000000). Check payable to Studio Name.

Thank you for your business.