[STUDIO NAME]

[Address Line 1]
[Email / Phone]
[Website]

INVOICE NUMBER #[0000]
DATE [Month Day, Year]
DUE DATE [Month Day, Year]

CLIENT

[Publication/Client Name]
[Contact Person]
[Billing Address]
[VAT/Tax ID if applicable]

PROJECT / ASSIGNMENT

[Editorial Feature Title]
Shoot Date: [Date]
Location: [Location]

DESCRIPTION	QUANTITY/RATE	AMOUNT
Creative Fee Day rate for editorial photography services.	[1] @ [0.00]	[0.00]
Post-Production & Retouching High-resolution processing and color grading.	[Qty] @ [0.00]	[0.00]
Expenses / Equipment Rental Lighting kit and digital workstation.	[Flat Rate]	[0.00]

DESCRIPTION	QUANTITY/RATE	AMOUNT
Usage & Licensing Editorial rights for [Magazine Name], Print + Digital.	[Term]	[0.00]

Subtotal: [0.00]
Tax ([0]%): [0.00]
Balance Due: $[0.00]

PAYMENT INSTRUCTIONS

Transfer via [Bank Name] / Wire Transfer
Account Name: [Name]
IBAN/Routing: [Number]
SWIFT/BIC: [Code]

Notes: Please include invoice number in payment reference. Late fees may apply after 30 days.