[STUDIO NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

Invoice #: [000001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT INFORMATION **[Client Name / Company]**
[Street Address]
[City, State, Zip]
[Client Phone/Email]
EVENT DETAILS **Event:** [Event Name]
Date: [Event Date]
Location: [Venue Name]

Description of Services	Rate / Price	Qty / Hours	Amount
Photography Coverage (On-site)	$0.00	0	$0.00
Post-Production & Editing	$0.00	0	$0.00
Digital Gallery Hosting / Deliverables	$0.00	1	$0.00
Travel / Expenses	$0.00	1	$0.00

Subtotal: $0.00

Tax: $0.00
Deposit Paid: ($0.00)
Balance Due: $0.00

PAYMENT INSTRUCTIONS & NOTES

Please make checks payable to **[Studio Name]**. For electronic transfers, use [Payment Link or Details]. All final edited images will be released upon receipt of full payment. Thank you for your business!