INVOICE

[Photographer Name / Studio]
[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE NO. #0000
DATE [Date]
DUE DATE [Date]

BILL TO

[Client Name / Agency]
[Contact Person]
[Street Address]
[City, State, Zip]

SHOOT DETAILS

Project: [Campaign/Editorial Name]
Location: [Studio/Location Address]
Shoot Date: [Date]

Description	Rate	Qty	Amount
Creative Fee / Day Rate	$0.00	1	$0.00
Image Licensing ([Usage Term/Region])	$0.00	1	$0.00
Post-Production / High-End Retouching	$0.00	[#]	$0.00

Description	Rate	Qty	Amount
Equipment Rental / Lighting Kit	$0.00	1	$0.00
Digital Capture & Backup Fee	$0.00	1	$0.00

Subtotal $0.00
Tax ([%]) $0.00
Total Amount $0.00

PAYMENT TERMS & INSTRUCTIONS

Please make checks payable to **[Account Name]**.
Bank Transfer: [Bank Name] | Acc: [Number] | Routing: [Number]
All images remain property of the photographer until full payment is received. Usage rights are granted upon payment.