STUDIO NAME

Invoice #: _____
Date: _____

From:
[Photographer Name]
[Address Line 1]
[Email / Phone]
Bill To:
[Client Name]
[Address Line 1]
[Email / Phone]

DESCRIPTION	QTY/HRS	RATE	AMOUNT
Lifestyle Session - [Location]			
Image Post-Processing & Retouching			
Digital Gallery Delivery / Licensing			
Travel / Misc Expenses			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Payment Instructions:
Please remit payment via [Bank Transfer/Check/Online].
Payment is due within [Number] days of invoice date.

Thank you for choosing us to capture your lifestyle story.