# [STUDIO NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]

# INVOICE

**Invoice #:** [000]
**Date:** [MM/DD/YYYY]
**Due Date:** [MM/DD/YYYY]

## BILL TO

[Client Name]
[Client Address]
[Client Email]

## SESSION DETAILS

**Baby's Name:** [Name/TBD]
**Session Date:** [MM/DD/YYYY]
**Location:** [Studio/Home]

| DESCRIPTION | QTY | UNIT PRICE | TOTAL |
|---|---|---|---|
| Newborn Photography Session Fee (Creative fee, props, styling) | 1 | $0.00 | $0.00 |
| Digital Image Package ([Number] High-Res Images) | 1 | $0.00 | $0.00 |
| Fine Art Prints / Album Add-on | - | $0.00 | $0.00 |

Subtotal: $0.00
Tax ([0]%): $0.00
Retainer Paid: ($0.00)

## Balance Due: $0.00

**Payment Instructions:**
Please include invoice number with payment. Accepted methods: [Credit Card, Zelle, Check].

*Thank you for letting me capture these precious first moments!*