SPORTS PHOTOGRAPHY

[Studio Name / Photographer]

[Address / Contact]

INVOICE NUMBER

#

DATE OF ISSUE

BILL TO

[Client Name / Organization]

[Billing Address]

EVENT DETAILS

[Event Name / Match ID]

[Venue / Location]

DESCRIPTION OF SERVICE	QTY/HOURS	RATE	AMOUNT
On-site Action Coverage			
Post-Processing & Editing			
Commercial Usage Licensing			
Travel & Expenses			

Subtotal $0.00
Tax $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Name] or transfer to [Bank Details]. Payment is due within [X] days of event completion.

NOTES

Thank you for the opportunity to capture your athletes in action.