# INVOICE

# [Invoice Number]
Date: [Date]

**[Photographer Name]**
[Address Line 1]
[City, Country]
[Email/Phone]

---

BILL TO:

**[Client Name/Agency]**
[Project Manager]
[Client Address]
[Tax ID/VAT Number]

ASSIGNMENT DETAILS:

**Project:** [Assignment Name/Location]
**Dates:** [Start Date] - [End Date]
**PO Number:** [Reference Number]

| Description | Rate/Unit | Qty | Amount |
|---|---|---|---|
| Creative Fee: [Location/Subject Name] | $0.00 | 1 | $0.00 |
| Travel Days (50% Day Rate) | $0.00 | 0 | $0.00 |
| Image Licensing: [Standard/Commercial/Digital] | $0.00 | 1 | $0.00 |
| Expenses: Airfare/Lodging/Local Transport | $0.00 | 1 | $0.00 |

| Description | Rate/Unit | Qty | Amount |
|---|---|---|---|
| Post-Production & File Delivery | $0.00 | 1 | $0.00 |

Subtotal: $0.00
Tax/VAT: $0.00
Total Due: $0.00 [USD]

PAYMENT INFORMATION

Bank Name: [Name]
SWIFT/BIC: [Code]
Account Number/IBAN: [Number]
Terms: Net [30] Days. Late fees may apply.