MAKEUP ARTIST STUDIO

RETAIL INVOICE

[Invoice Number]

Date: [DD/MM/YYYY]

Artist Information:

[Artist/Business Name]

[Address Line 1]

[Phone Number]

Bill To:

[Client Name]

[Client Email/Phone]

Product Description	Qty	Unit Price	Total
[Product Name/Brand] Shade: [Shade Name]	0	$0.00	$0.00
[Product Name/Brand] Size: [Size]	0	$0.00	$0.00
[Product Name/Brand]	0	$0.00	$0.00

Subtotal: $0.00

Tax ([0]%): $0.00

Grand Total: $0.00

Thank you for your purchase!

Return Policy: [Insert Return Policy Details]