INVOICE

[Studio Name]
[Address Line 1]
[Email / Phone]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Company Name]
[Contact Person]
[Billing Address]
[City, State, Zip]

SESSION DETAILS

Project: [e.g., Corporate Headshots]
Date: [Session Date]
Location: [On-site / Studio]

Description	Rate/Unit	Qty/Hrs	Total
Corporate Photography Session (Half/Full Day)	$0.00	0	$0.00
Image Post-Processing & Retouching	$0.00	0	$0.00
Commercial Usage License	$0.00	1	$0.00

Description	Rate/Unit	Qty/Hrs	Total
Travel / Equipment Rental Fees	$0.00	1	$0.00

Subtotal: $0.00
Tax ([0]%): $0.00
Amount Due: $0.00

PAYMENT TERMS

Please make checks payable to **[Business Name]** or pay via bank transfer to: **[IBAN/Account Details]**. Payment is due within [30] days.