INVOICE

[Photographer/Studio Name]
[Business Address]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:

[Client Names]
[Client Address]
[Client Phone]

SESSION DETAILS:

Date: _____
Location: _____

Description	Rate/Price	Qty	Total
Engagement Session Fee (Base)	$		$
Additional Hours / Locations	$		$
Digital Gallery / Retouching	$		$
Travel Fees / Permits	$		$

Subtotal: $ _____
Tax: $ _____

Balance Due: $ _____

Payment Instructions:

[Insert Payment Methods: e.g., Venmo, PayPal, Bank Transfer, or Check details]

Notes: All deposits are non-refundable. Thank you for choosing us to capture your story!