INVOICE

Invoice #: [000]
Date: [Date]

[Photography Studio Name]

[Address Line 1]
[Email/Phone]

BILL TO:

[Client Name]
[Client Address]
[Client Email]

SESSION DETAILS:

Date: [Session Date]
Location: [Location Name]
Type: Family Portrait

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Photography Session Fee (Time & Talent)	1	$0.00	$0.00
Digital Image Package (High Resolution)	1	$0.00	$0.00
Print Credits / Professional Prints	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Grand Total: $0.00

Deposit Paid: ($0.00)

Balance Due: $0.00

Payment due within [X] days of invoice date.

Thank you for letting me capture your family memories!