# INVOICE

**[Studio Name]**
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

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

INVOICE DETAILS

Invoice #: [000]
Date: [Date]
Due Date: [Date]

| Description | Qty/Hrs | Rate | Amount |
|---|---|---|---|
| Headshot Session Package ([Type]) | [0] | $0.00 | $0.00 |
| Additional Retouched Images | [0] | $0.00 | $0.00 |
| Makeup/Hair Styling Fee | [0] | $0.00 | $0.00 |

Subtotal: $0.00

Tax: $0.00

**Total: $0.00**

**Payment Instructions:**
Please make checks payable to [Studio Name] or pay via [Online Link/Method].
Thank you for your business!