INVOICE

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

INVOICE NO. #[0000]
DATE [Month DD, YYYY]

CLIENT [Client Name]
[Client Address]
[Client Email]
SESSION DETAILS **Type:** [Lifestyle/Family/Editorial]
Date: [Session Date]
Location: [Location Name/Address]

DESCRIPTION	RATE	QTY/HRS	AMOUNT
Session Fee On-location photography and creative direction	$0.00	1	$0.00
Post-Processing & Retouching Color correction and standard edits	$0.00	1	$0.00
Digital Gallery Access High-resolution download license	$0.00	1	$0.00

Subtotal $0.00
Tax [0%] $0.00
Total Due $0.00

TERMS & NOTES

Please include invoice number with your payment. Payment is due within [Number] days. All digital assets are delivered upon final payment. Thank you for choosing [Studio Name] to capture your story.