INVOICE

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

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

Client:

[Client Name]
[Client Address]
[Client Phone]

Session Details:

Type: Maternity Photography
Date: [Session Date]
Location: [Location Name]

Description	Rate/Price	Qty	Total
Maternity Session Fee (Time & Talent)	$0.00	1	$0.00
Digital Image Package ([Number] Images)	$0.00	1	$0.00
Hair & Makeup Artistry Add-on	$0.00	-	$0.00
Print Credit / Professional Wall Art	$0.00	1	$0.00

Subtotal: $0.00

Sales Tax: $0.00

Total Amount: $0.00

Amount Paid: $0.00

Balance Due: $0.00

Payment Methods: [Paypal / Venmo / Bank Transfer]

Thank you for letting me capture this special journey!