INVOICE

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

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

Bill To:

[Client Name]
[Newborn's Name]
[Client Email]
[Client Phone]

Session Info:

Date: [Session Date]
Location: [Studio/Home]

Description	Qty/Hrs	Rate	Amount
Newborn Photography Session Fee	1	$0.00	$0.00
Digital Image Package (High-Resolution)	1	$0.00	$0.00
Professional Prints / Keepsake Album	1	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total: $0.00

Payment Instructions:
Please make payments via [Payment Method]. A non-refundable retainer is required to secure your session date.

Thank you for letting me capture these special moments!