INVOICE

Portrait Photography

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

CLIENT:
[Client Name]
[Client Address]
[Client Phone]

DETAILS:
Invoice #: [000]
Date Issued: [Date]
Session Date: [Date]

DESCRIPTION	RATE	QTY	AMOUNT
Portrait Session Fee Location shooting and basic editing	$0.00	1	$0.00
High-Resolution Digital Files Full gallery via digital download	$0.00	1	$0.00
Additional Retouching Per image request	$0.00	0	$0.00

Subtotal: $0.00

Tax ([0]%): $0.00

Total Due: $0.00

Payment Terms:
Please complete payment within [Number] days of invoice date.
Methods accepted: [Zelle, Venmo, Check, or Credit Card]

Thank you for choosing [Studio Name] for your portraits.