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

INVOICE

[00000]
Date: [Date]

BILL TO

[Client Name/Company]
[Client Address]
[Contact Email]

PROJECT

[Campaign/Product Name]
Session Date: [Date]
Due Date: [Date]

Description	Rate	Qty/Hrs	Amount
Creative Fee / Half Day Session	$0.00	1	$0.00
Post-Production & Retouching (per image)	$0.00	[Qty]	$0.00
Studio/Equipment Rental	$0.00	1	$0.00
Image Licensing (Commercial Use)	$0.00	1	$0.00

Subtotal $0.00
Tax $0.00
Total $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Studio Name] or pay via [Payment Method Info].
Late fees may apply after [Number] days of non-payment.