INVOICE

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

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

CLIENT:

[Client Name]
[Client Address]
[Client Email]

SESSION DETAILS:

[Session Date]
[Location/Type]

DESCRIPTION	QUANTITY	RATE	TOTAL
Portrait Session Fee (Hours: [X])	1	$0.00	$0.00
Retouched Digital Files	[Qty]	$0.00	$0.00
Travel/Location Expenses	1	$0.00	$0.00

Subtotal: $0.00
Sales Tax ([%]): $0.00

Total Amount Due: $0.00

Payment Instructions: [Check/Bank Transfer/Online Payment Details]

Thank you for your business. Terms: Net [30] days. Late fees may apply.