INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Senior Name / Parent Name]
[Address Line 1]
[Phone Number]

Session Details:

Senior: _____
Date: _____
Location: _____

Description	Qty	Unit Price	Total
Senior Portrait Session Fee (Time & Talent)			
Digital Image Package ([X] High-Res Files)			

Description	Qty	Unit Price	Total
Print Credit / Professional Lab Prints			
Travel Fee / Location Permits			

Subtotal: $_____

Tax: $_____

Amount Due: $_____

Payment Instructions:
Please make checks payable to [Studio Name] or pay online via [Payment Link/Method].
Note: A non-refundable retainer is required to secure your date. Full payment is due prior to the release of images.

Thank you for letting me capture your senior year!