STUDIO NAME

123 Photography Lane
City, State, Zip
email@studio.com

INVOICE NUMBER

#0000

DATE

MM/DD/YYYY

CLIENT

Client Name
Client Address
Client Contact

SESSION DETAILS

Date: _____
Location: _____
Type: _____

DESCRIPTION	RATE	QTY	TOTAL
Session Fee (Hourly/Flat)	$0.00	1	$0.00
Retouching / Image Processing	$0.00	1	$0.00

DESCRIPTION	RATE	QTY	TOTAL
Additional License/Prints	$0.00	1	$0.00

Subtotal: $0.00

Tax: $0.00

Grand Total: $0.00

Payment due within 30 days. Thank you for your business.