

# [STUDIO NAME]

[Address Line 1]  
[Email / Phone]

INVOICE NUMBER

#000

DATE

[00/00/0000]

BILL TO

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

PROJECT

[Session Type / Project Name]  
[Shoot Date]

DESCRIPTION	RATE	QTY	AMOUNT
Creative Fee / Shoot Time	\$0.00	1	\$0.00
Post-Production & Editing	\$0.00	1	\$0.00
Licensing / Digital Delivery	\$0.00	1	\$0.00

Subtotal \$0.00  
Tax \$0.00  
Total Due \$0.00

PAYMENT TERMS

Please remit payment within [Number] days. Bank transfer or [Preferred Method].

Thank you for your business.