

[STUDIO NAME]

[Address Line 1]

[Email/Phone]

INVOICE

[0000]

Date: [DD/MM/YYYY]

CLIENT

[Client Name]

[Company Name]

[Email Address]

PROJECT

[Shoot Title/Reference]

Location: [Venue Name]

Date: [Shoot Date]

DESCRIPTION	RATE	QTY	AMOUNT
Creative Fee / Photography Session	\$0.00	1	\$0.00
Image Post-Processing & Retouching	\$0.00	1	\$0.00
Licensing / Usage Rights	\$0.00	1	\$0.00

Subtotal \$0.00

Tax \$0.00

Total Due \$0.00

PAYMENT INFORMATION

Please remit payment within [14] days.

Bank Transfer: [Account Name] | [Account Number] | [Routing/BIC]

PayPal: [Email Address]

Thank you for your business.