

[STUDIO NAME]

[Email / Website]
[Phone Number]

INVOICE

[0001]
[DATE]

Client

[Client Name]
[Company]
[Address]

Project

[Shoot Name / Event Name]
Date: [DD/MM/YYYY]

DESCRIPTION	RATE/PRICE	QTY	AMOUNT
Creative Fee / Photography Session	\$ 0.00	1	\$ 0.00
Editing & Post-Processing	\$ 0.00	-	\$ 0.00
Travel / Licensing Fees	\$ 0.00	1	\$ 0.00

Subtotal: \$ 0.00

Tax: \$ 0.00

Total Due: \$ 0.00

Payment Terms

Please remit payment via [Venmo/Zelle/Bank Transfer] within [14] days of receipt. Thank you for your business.