INVOICE

Studio Name
Address Line 1
City, State, Zip
Email / Phone

Date: _____
Invoice #: _____
Due Date: _____

Bill To:
Client Name
Client Address
Client Email

Session Details:
Date: _____
Location: _____

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Boudoir Session Fee (Includes: Hair, Makeup, Studio Time)			
Digital Image Collection			
Fine Art Print Album			

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Other / Retouching Services			

Subtotal: $_____

Tax: $_____

Balance Due: $_____

Thank you for choosing [Studio Name].

Payment Policy: Payments are non-refundable. Please refer to your signed contract for rescheduling terms.