[STUDIO NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

No: [000]
Date: [MM/DD/YYYY]
Project: [Campaign Name]

BILL TO

[Client Name/Agency]
[Contact Person]
[Client Address]

SHOOT DETAILS

Date: [Date]
Location: [Studio/Location]
Model: [Name]

DESCRIPTION	RATE/QTY	AMOUNT
Creative Fee / Day Rate	1	$0.00
Image Licensing (Usage: [Type])	[Qty]	$0.00
Retouching Services	[Qty]	$0.00
Studio Rental & Equipment	1	$0.00

DESCRIPTION	RATE/QTY	AMOUNT
Production Expenses (Stylist, Hair, Makeup)	-	$0.00

Subtotal $0.00
Tax (%) $0.00

Total Amount $0.00

Payment Terms: Net [30] days. Please make checks payable to [Studio Name].

Wire Details: Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for your creative collaboration.