STUDIO [NAME]

Food & Prop Styling

Invoice #: [000]
Date: [Date]

FROM

[Your Name/Business]
[Street Address]
[Email/Phone]

BILL TO

[Client Name/Restaurant]
[Client Address]
[Contact Email]

Description	Rate	Qty/Hrs	Total
Creative Fee: Half/Full Day Shoot	$0.00	0	$0.00
Image Licensing (Commercial Use)	$0.00	0	$0.00
Food Styling & Ingredients	$0.00	0	$0.00
Post-Production & Retouching	$0.00	0	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment Terms: Net [30] days. Please include invoice number with payment.

Notes: Digital gallery link will be sent upon receipt of final payment.