INVOICE

[Studio Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: [000]
Date: [Date]
Session Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Email]

SESSION DETAILS:

Newborn Name: [Name]
Package: [Package Type]
Location: [Studio/In-Home]

Description	Qty	Unit Price	Total
Newborn Session Fee (Props & Styling included)	1	$0.00	$0.00
Digital Image Collection	[Qty]	$0.00	$0.00

Description	Qty	Unit Price	Total
Print Credit/Add-ons	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Balance Due: $0.00

Payment is due within [Number] days of receiving this invoice.

Thank you for letting me capture these precious first moments!