# PORTRAIT PHOTOGRAPHY

[Studio Name]
[Address Line 1]
[Email / Phone]

**INVOICE**

Date: [Date]
Invoice #: [000]

---

**BILL TO:**

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

**SESSION INFO:**

Date: [Session Date]
Location: [Location Name]

| DESCRIPTION | RATE/PRICE | QTY | TOTAL |
|---|---|---|---|
| Photography Session (Sitting Fee) | $0.00 | 1 | $0.00 |
| Photo Retouching / Post-Processing | $0.00 | [#] | $0.00 |
| Digital High-Resolution Downloads | $0.00 | 1 | $0.00 |

Subtotal: $0.00

Tax: $0.00

**Amount Due: $0.00**

**PAYMENT TERMS:**

Please make payment within [Number] days. Accepted methods: [Credit Card, Bank Transfer, PayPal].

Thank you for choosing [Studio Name] for your portraits!