INVOICE

Studio Name / Photographer Name
Address Line 1
City, State, Zip
Email@example.com

INVOICE NUMBER #00001

DATE ISSUED Month Day, Year

DUE DATE Month Day, Year

BILL TO

Client Name / Company
Client Address
City, State, Zip
Contact Email

PROJECT

Product Shoot: [Project Name]
Shoot Date: [Date]

DESCRIPTION	QTY/HOURS	RATE	AMOUNT
Creative Fee / Session Fee	1	$0.00	$0.00
High-Res Product Images (Editing included)	0	$0.00	$0.00

DESCRIPTION	QTY/HOURS	RATE	AMOUNT
Advanced Retouching / Compositing	0	$0.00	$0.00
Equipment / Studio Rental	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Your Name] or pay via [Bank/Transfer Method].
Full payment is required within [Number] days of invoice date.

Thank you for your business.