INVOICE

[0000]

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

BILL TO

[Client Names]
[Client Address]
[Phone Number]

EVENT DETAILS

Date: [Wedding Date]
Venue: [Venue Name]
Due Date: [Payment Deadline]

Description	Hours/Qty	Rate	Amount
Wedding Day Coverage (Main Photographer)	[0]	$0.00	$0.00
Second Photographer Coverage	[0]	$0.00	$0.00
Post-Processing & Digital High-Res Gallery	1	$0.00	$0.00
Engagement Session Add-on	1	$0.00	$0.00

Subtotal $0.00
Tax $0.00
Deposit Paid ($0.00)
Balance Due $0.00

PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Checks payable to [Studio Name] or pay via [Online Link].

Thank you for letting us capture your special day.