STUDIO NAME

Black & Grey Specialist
123 Ink Street, Suite 100
City, State, Zip

INVOICE

Date: _____
No: #_____

CLIENT INFORMATION

Name: _____
Phone: _____
Email: _____

SESSION DETAILS

Artist: _____
Placement: _____
Session: [ ] Outline [ ] Shading [ ] Full

DESCRIPTION OF WORK	HOURS/QTY	RATE	TOTAL
Tattoo Session: _____	____	$____	$_____
Drawing/Custom Design Fee	____	$____	$_____

DESCRIPTION OF WORK	HOURS/QTY	RATE	TOTAL
Aftercare Kit / Supplies	_____	$____	$_____

Subtotal: $_____
Deposit Applied: ($_____)
Tax: $_____
Amount Due: $_____

NOTES & AFTERCARE REMINDERS

_____
_____

Thank you for your trust. Proper healing is 50% of the result.