INVOICE

[0000]

[STUDIO NAME]

[Artist Name / Specialist]
[Address Line 1]
[Email/Phone]

BILL TO:

[Client Name]
[Client Contact]
[Client ID/Reference]

DATE: [MM/DD/YYYY]

SESSION TYPE: [Tattoo/Piercing/Aftercare]

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
[Service Name - e.g., Custom Tattoo Session]	[0.0]	$[0.00]	$[0.00]
[Additional - e.g., Materials/Aftercare Kit]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Deposit Paid: - $[0.00]

BALANCE DUE: $[0.00]

NOTES & TERMS:

Payment is due upon receipt. All body art services are non-refundable. Please follow provided aftercare instructions carefully for optimal healing.

Thank you for choosing [Studio Name]