STUDIO NAME

Artist Name
Street Address
City, State, Zip
Email / Phone

INVOICE

Date:
Invoice #:

CLIENT:

Name:
Contact:

SESSION INFO:

Project Name:
Session Date:

Description	Hours/Qty	Rate	Total
Full Day Session Flat Rate	1		
Custom Design/Drawing Fee	-		
Aftercare Kit			

Subtotal:
Deposit Paid: ()
Tax:
TOTAL DUE:

Notes & Payment Instructions:

Payment due upon completion of session. Accepted methods: Cash, Credit, or Digital Transfer.
Thank you for your business and trust.