INVOICE

STUDIO NAME / ARTIST NAME

123 Studio Street, City, State
Email@Address.com | (555) 000-0000

Invoice #: _____

Date: _____

CLIENT

Name: _____

Phone: _____

PROJECT DETAILS

Project Name: _____

Placement: _____

SESSION / DESCRIPTION	RATE/HOUR	HOURS	TOTAL
Drawing/Design Fee			
Session 01 - Date: _____			
Session 02 - Date: _____			
Session 03 - Date: _____			

SESSION / DESCRIPTION	RATE/HOUR	HOURS	TOTAL

Aftercare Products

Subtotal: $_____

Non-Refundable Deposit Applied: -($_____)

BALANCE DUE: $_____

TERMS & NOTES:

Full project estimated completion: ____ Sessions. All deposits are non-refundable. Final balance due upon completion of each session or as agreed upon by the artist.