TATTOO STUDIO NAME

123 Ink Street, City, State
Artist: [Artist Name]
Email: studio@example.com

INVOICE

Invoice #: _____
Date: _____

CLIENT:

Name: _____
Phone: _____

PROJECT DESCRIPTION:

Subject: _____
Placement: _____

Session Date	Description / Hours	Rate	Amount
	Non-Refundable Deposit	-	
	Session 1:		
	Session 2:		
	Session 3:		
	Aftercare Products:		

Subtotal: _____

Tax: _____

Deposit Applied: (_____)

TOTAL DUE: _____

TERMS & POLICIES:

1. Deposits are non-refundable and applied to the final session.
2. 48-hour notice required for rescheduling to retain deposit.
3. Full payment is due at the completion of each session unless otherwise agreed.