[STUDIO NAME]

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

INVOICE

Date: [Date]
Invoice #: [0001]

CLIENT

[Client Name]
[Client Phone]
[Project/Tattoo Description]

SESSION DETAILS

Date of Session: [Date]
Start Time: [Time]
End Time: [Time]

DESCRIPTION	HOURS	RATE	TOTAL
Tattoo Session - [Design Name]	[0.00]	$[0.00]	$[0.00]
Drawing / Prep Fee (if applicable)	-	-	$[0.00]
Aftercare Supplies	-	-	$[0.00]

Subtotal: $[0.00]
Non-Refundable Deposit Paid: -($[0.00])

Balance Due: $[0.00]

Payment Instructions: [Cash, Venmo, Credit Card info]

Policy: No refunds on services rendered. Please follow all provided aftercare instructions for optimal healing.