STUDIO / PHOTOGRAPHER NAME

123 Architecture Lane
City, State, Zip
contact@email.com

INVOICE

No: _____
Date: _____

CLIENT / FIRM

_____
_____
_____

PROJECT DETAILS

Project: _____
Location: _____
Date of Shoot: _____

DESCRIPTION OF SERVICES / USAGE RIGHTS	QTY/HRS	RATE	TOTAL
Professional Photography (Day Rate/Half Day)			
High-End Retouching & Post-Production			
Travel & Logistics Expenses			

DESCRIPTION OF SERVICES / USAGE RIGHTS	QTY/HRS	RATE	TOTAL
Licensing: Commercial Marketing & Editorial Use			

Subtotal $0.00
Tax $0.00
Amount Due $0.00

TERMS & PAYMENT

Payment is due within ___ days. Please make checks payable to _____ or transfer via _____. Licensing rights are granted only upon receipt of full payment.