INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / AGENCY

[Client Name]
[Company Name]
[Address]
[Contact Email]

PROJECT DETAILS

Session Date: _____
Location: _____
PO Number: _____

Description	Quantity/Hrs	Rate	Total
Creative Fee (Photography Session)			
Image Licensing (Commercial Use)			
Post-Production / Retouching			

Description	Quantity/Hrs	Rate	Total
Equipment / Studio Rental			
Assistant / Crew Fees			

Subtotal: $0.00
Tax: $0.00

Total Amount Due: $0.00

Payment Terms: Net [30] days. Please make checks payable to [Business Name].
Bank Transfer: [Bank Name] | **Account:** [Number] | **Routing:** [Number]