INVOICE

[Studio Name]
[Address Line 1]
[City, State, Zip]

INVOICE #: [0000]
DATE: [Date]

CLIENT INFORMATION

[Client Name 1 & 2]
[Phone Number]
[Email Address]

SESSION DETAILS

Session Date: [Date]
Location: [Venue/Location Name]

Description	Quantity	Rate	Total
Engagement Photography Session (Base Package)	[X] Hours	$0.00	$0.00
High-Resolution Digital Image Gallery	1	$0.00	$0.00
Additional Retouching/Editing	[X]	$0.00	$0.00
Travel Fee / Expenses	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Grand Total: $0.00

Amount Paid: ($0.00)

Balance Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]**. For electronic transfers, please use **[Payment Handle/Details]**. Payment is due within [X] days of receipt.

Thank you for letting me capture your love story!