INVOICE

[Business Name]
[Address]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:

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

EVENT DETAILS:

Event Type: _____
Date: _____
Location: _____

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
Photography Coverage			
Editing & Retouching			
Digital Gallery/Deliverables			
Travel/Misc Expenses			

Subtotal: $0.00

Tax: $0.00
Deposit Paid: ($0.00)

BALANCE DUE: $0.00

Payment Instructions:
Please make payments via [Bank Transfer/PayPal/Check].
Thank you for choosing our photography services.