INVOICE

[Studio Name]
[Address]
[Phone Number]

Invoice #: _____
Date: _____

BILL TO:

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

SESSION DETAILS:

Date: _____
Location: _____

Description	Quantity	Unit Price	Total
Photography Session Fee			
Image Retouching / Editing			
Digital Gallery Access			
Prints/Album (Specify)			

Subtotal: _____

Tax: _____

Amount Due: _____

Payment Terms: Due upon receipt or as specified in the photography contract.

Thank you for choosing [Studio Name] to capture your family memories!