STUDIO INVOICE

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

Invoice #: _____
Date: _____

CLIENT / AGENCY

[Client Name]
[Company Name]
[Billing Address]

PRODUCTION DETAILS

Shoot Date: _____
Location: _____
Campaign: _____

SERVICE DESCRIPTION	RATE	QTY/HRS	AMOUNT
Creative Fee / Day Rate	$		$
Image Retouching (per frame)	$		$
Usage/Licensing Fee: [Details]	$		$
Studio Rental & Equipment	$		$

SERVICE DESCRIPTION	RATE	QTY/HRS	AMOUNT
Crew (Assistants/Digital Tech)	$		$

Subtotal: $_____
Tax: $_____
Total Balance: $_____

PAYMENT TERMS

Please remit payment within [Number] days. Late fees may apply.
Banking Details: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for the creative collaboration.