[STUDIO NAME]
FINE ART PHOTOGRAPHY

INVOICE NUMBER
#0000

DATE
[Date]

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

SESSION DETAILS
[Session Type / Collection Name]
[Location]
[Shoot Date]

Description	Rate	Qty	Total
Creative Fee (Session, Styling & Post-Processing)	$0.00	1	$0.00
Fine Art Prints (Archival Quality)	$0.00	0	$0.00
High-Resolution Digital Gallery Access	$0.00	1	$0.00

Subtotal $0.00
Tax $0.00
Total Due $0.00

PAYMENT TERMS

Please complete payment within 14 days. Prints and final galleries are released upon receipt of full payment. Thank you for your artistic collaboration.

[Studio Website] | [Studio Contact Info]