INVOICE

[Studio Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

Client:

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

Session Date: _____
Location: _____

Description	Qty/Hrs	Rate	Amount
Headshot Session Fee (Base)			
Additional Look / Outfit Change			
High-Res Retouched Images			
Hair & Makeup Services			

Subtotal: $_____
Tax: $_____

Total Due: $_____

Payment Terms: Net 30 days. Please make checks payable to [Studio Name].

Thank you for choosing [Studio Name] for your professional headshots.