# SERVICE INVOICE

[Photography Studio Name]
[Address Line 1]
[City, State, Zip]

**Invoice #:** [000]
**Date:** [Date]
**Due Date:** [Date]

**Bill To:**

[Client Name]
[Client Address]
[Phone / Email]

**Session Details:**

Newborn Session Date: [Date]
Baby's Name: [Name]
Location: [Studio/In-Home]

| Description | Qty/Hrs | Rate | Amount |
|---|---|---|---|
| Newborn Portrait Session (Creative Fee) | 1 | $0.00 | $0.00 |
| Digital Image Package ([Number] Images) | 1 | $0.00 | $0.00 |
| Fine Art Prints / Album Add-ons | - | $0.00 | $0.00 |

Subtotal: $0.00

Tax: $0.00

---

**Total Due: $0.00**

Thank you for letting me capture these precious first moments.

Payment Terms: [Net 30 / Due on Receipt]. Please make checks payable to [Business Name].