INVOICE

[Studio Name]
[Address Line 1]
[Email/Phone]

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

Bill To:

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

Project:

[Product Name/Collection]
Session Date: [Date]

DESCRIPTION	QUANTITY/HOURS	RATE	AMOUNT
Studio Photography Session (Half/Full Day)	[0]	$[0.00]	$[0.00]
High-End Retouching (Per Image)	[0]	$[0.00]	$[0.00]
Styling & Props Fee	[1]	$[0.00]	$[0.00]
Commercial Usage License	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Total Amount: $[0.00]

Payment Instructions:

Please make checks payable to [Studio Name] or pay via [Bank/Transfer Details].

Terms: Net [30] days. High-resolution files will be released upon final payment.