INVOICE

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

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

CLIENT

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

SESSION DETAILS

Type: Portrait Session
Location: [Location Name]
Date: [Session Date]

DESCRIPTION	QTY/HRS	RATE	AMOUNT
Photography Session Fee (Sitting Fee)	1	$0.00	$0.00
High-Resolution Edited Digital Files	[#]	$0.00	$0.00
Retouching Services	[#]	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00
Total Due: $0.00

Payment Terms: [Net 30/Due upon receipt]

Thank you for choosing [Studio Name] for your portrait photography.