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| PHOTOGRAPHY INVOICE | | | | | | | | | |
|
| [Photographer/ studio name] | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |
| [Photographer / Studio Address 1] | | | |  |  | Invoice Number: | |  | |
| [City], [State] [Postal Code] | | | |  |  |  | Date: |  | |
|  |  |  | |  |  | Payment Date: | |  | |
| [Photographer / Studio Phone Number] | | | |  |  |  |  |  |  |
| [Photographer / Studio Email Address] | | | |  |  |  |  |  |  |
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| Bill To | |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
| [Client Name ] | | |  |  |  |  |  |  |  |
| [Client Address line 1] | | |  |  |  |  |  |  |  |
| [City], [State] [Postal code] | | |  |  |  |  |  |  |  |
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| Description | | | | | Hours | Unit price | | Amount | |
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|  |  |  | |  |  | TOTAL | |  | |
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|  |  |  | |  |  | Balance Due | |  | |
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| Terms & Conditions: | |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  | |  |  |
|  |  |  | |  |  | Signature | |  |  |