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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] |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Bill To |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| [Client Name ] |  |  |  |  |  |  |  |
| [Client Address line 1] |  |  |  |  |  |  |  |
| [City], [State] [Postal code] |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Description | Hours | Unit price | Amount |
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|  |  |  |  |  | TOTAL |  |
|  |  |  |  |  | Paid Amount |  |
|  |  |  |  |  | Balance Due |  |
|  |  |  |  |  |  |  |  |  |
| Terms & Conditions: |  |  |  |  |  |  |  |
|  |   |   |   |  |   |  |  |
|  |   |   |   |  | Signature |  |  |