

PHOTOGRAPHY INVOICE

[Photographer / studio name]

[Photographer / Studio Address 1]

[City], [State] [Postal Code]

[Photographer / Studio Phone Number]

[Photographer / Studio Email Address]

Invoice Number: _____

Date: _____

Payment Date: _____

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

Template.net