

# Photography Session Invoice

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

## BILLED TO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## FROM

Photographer: \_\_\_\_\_

Studio Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SESSION DETAILS

Description	Date	Hours	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal

\_\_\_\_\_

Tax

\_\_\_\_\_

Total

\_\_\_\_\_

Amount Paid

\_\_\_\_\_

Balance Due

## NOTES

\_\_\_\_\_

\_\_\_\_\_

Photographer's Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_