

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
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-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
				Subtotal

				Tax

				Total

				Amount Paid

				Balance Due

NOTES

Photographer's Signature:

Date: _____