

PHOTOGRAPHY SERVICE INVOICE

DETAILS

DATE: _____
INVOICE NO. _____

FROM

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

BILL TO

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

SERVICE	HOURS	RATE (\$/HR)	AMOUNT (\$)
TOTAL			

PRODUCTS / MATERIALS	QUANTITY	UNIT PRICE	AMOUNT (\$)
TOTAL			

NOTES: _____

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	

THANK YOU FOR YOUR BUSINESS

