

# Editorial Photography Services Invoice

Invoice Number:

Date:

Due Date:

**Bill To:**

**From:**

**Service Details**

Description	Date	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total:

**Payment Instructions**

**Notes:**