

Portrait Photography Services Bill

Bill To:

Invoice Number: Date:

Description	Hours/Sessions	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"/>
Total			<input type="text"/>

Notes:

Thank you for your business!