Phone:
Email:
Web:

RECEIPT

RECEIPT NO. _____

DATE _____

PAYMENT METHOD _____

CLIENT INFORMATION

Client Name

Phone Number

Email Address

SESSION DETAILS

Session Type
Portrait Photography

Session Date/Time

Location

DESCRIPTION	RATE	QTY	TOTAL
Portrait Session Fee Creative fee, professional editing, and private online gallery.			

SUBTOTAL

TAX/ VAT

TOTAL DUE

AMOUNT PAID

BALANCE DUE

CLIENT SIGNATURE

PHOTOGRAPHER SIGNATURE

Thank you for letting us capture your memories!

All digital files are delivered according to the terms of the photography contract. Print orders may take 2-3 weeks for processing and delivery.