

InvoicingTemplates

Your Photography Business Name

Street Address

City, ST ZIP Code

Phone Number, Web Address, etc.

# PHOTOGRAPHY INVOICE

**DATE:**

**INVOICE #:**

## BILL TO

Name

Client #

Address

Phone &  
Mobile

City, State ZIP

Email

## IMAGES PURCHASED

ROLL	DIMENSIONS	GLOSSY / MATTE	COLOR / B&W	# in ROLL	DOUBLES?	CD?	LINE TOTAL
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			

SUBTOTAL -

Tax 8.000% -

SHIPPING & HANDLING -

**TOTAL** -

**PAID** -

**TOTAL DUE** -

**NOTES:**

THANK YOU FOR YOUR BUSINESS!

Your Photography Business Name

Street Address  
City, ST ZIP Code  
Phone Number,Web Address, etc.

Sales Report

Date:  
From  
To

Month	Date	Cost	Invoice #	Sales Rep.	Total	Paid	Balance Due
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Your Photography Business Name

Street Address  
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Sales Report

Date:  
From  
To

Month	Date	Cost	Invoice #	Sales Rep.	Total	Paid	Balance Due
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Month	Date	Cost	Invoice #	Sales Rep.	Total	Paid	Balance Due
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Sales Report

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Month	Date	Cost	Invoice #	Sales Rep.	Total	Paid	Balance Due
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Sales Report

Date:  
From  
To

Month	Date	Cost	Invoice #	Sales Rep.	Total	Paid	Balance Due
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**Your Photography Business Name**

Street Address  
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Phone Number,Web Address, etc.

Customer Report

Date:

From  
To

Customer ID	Date	Name	Invoice #	Paid	Balance Due	Total
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**Your Photography Business Name**

Street Address  
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Phone Number,Web Address, etc.

Product Report

Date:

From  
To

Product ID	Date	Invoice #	Description	Quantity	Price	Line Total	Unit Cost
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Your Photography Business Name

Street Address  
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Customer Statement

Bill To:

ID:

Name:

Address:

City,ST ZIP:

Country:

Phone:

Balance forward	-
Current balance	-

Invoice total	-
Payment total	-

Statement Period:

From:

To:

Date	Description	Document#	Due Date	Status	Amount	Balance
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Thank you for your business!

**Your Photography Business Name**

Street Address  
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Sales Rep. Report

Date:

From  
To

Sales Rep.	Date	P.O. #	Invoice #	Cost	Total	Paid	Balance Due
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**Your Photography Business Name**

Street Address  
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Payment Report

Date:

From  
To

Type	Date	Invoice #	Check / Money Order #	Amount	Customer ID	Customer Name
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