MAKEUP ARTIST INVOICE

MAKEUP ARTIST

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Booking no. _____

BILL TO (CLIENT)

Client name _____ Phone / email _____

Address _____

EVENT

Event _____ Event date _____

Location _____

Start time _____ Number of people _____

MAKEUP SERVICES

Item	Details	Qty	Unit	Rate	Amount

Services subtotal

TRAVEL AND FEES

Item	Details	Qty	Unit	Rate	Amount

Travel and fees subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Sales tax, if applicable (_____%)	
Total	
Less: deposit received	
Amount due	

BOOKING NOTES

_____

_____

Thank you for having us on your day.