

PHOTO ASSISTANT INVOICE

INVOICE DATE: _____

ASSISTANT: _____

ASSIGNMENT: _____ LOCATION: _____

FEES:	DATE	JOB DESCRIPTION	RATE	QTY	FEE

TOTAL FEES: _____

EXPENSES: RECEIPTS REQUIRED	DATE	EXPENSE DESCRIPTION	EXPENSE

TOTAL EXPENSES: _____

INVOICE TOTAL: _____

CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

PLEASE SEND INVOICES TO:

Riverwood Photography

c/o Sean Phillips

81 Riverwood Close SE, Calgary, AB, T2C3Z5

sean@riverwoodphotography.com

Phone 403-615-3708, Fax 403-279-5351

INVOICE TOTAL:

PREFERRED PAYMENT METHOD **Visa****Mastercard****Cheque****Interac E-Transfer****Paypal**