INVOICE

#INV-001

Agency Name

123 Design Street
Web City, 10101

Bill To:

Client Name
Company Name
client@email.com

Date: _____

Due Date: _____

Description	Rate	Hours/Qty	Amount
UI/UX Wireframing & Prototyping	$		$
Responsive Front-end Development (HTML/CSS/JS)	$		$
Backend Integration & CMS Setup	$		$
SEO Optimization & Performance Testing	$		$

Subtotal: $_____

Tax (0%): $_____

Total Due: $_____

Payment Terms: Net 30. Please make checks payable to Agency Name.

Notes: Thank you for your business!