

INVOICE

[Your Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER [INV-000]
INVOICE DATE [Date]
SERVICE PERIOD [Month, Year]

BILL TO [Client Name]
[Client Company]
[Street Address]
[City, State, Zip]
PAYMENT TERMS [e.g., Due on Receipt / Net 30]
DUE DATE [Date]

Description of Services	Hours/Qty	Rate	Amount
Monthly Professional Retainer <small>[List primary inclusions or tier name]</small>	1	[\$0.00]	[\$0.00]
Overage / Additional Services <small>[Description of extra work performed]</small>	[0]	[\$0.00]	[\$0.00]
Subtotal: [\$0.00]			
Tax/VAT: [\$0.00]			
Total Due: [\$0.00]			

NOTES & PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Direct deposit info: [Bank Name] | Acc: [Number] | Routing: [Number].
Thank you for your continued partnership.