EDITORIAL DESIGN SERVICES

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

INVOICE
#00001
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

PROJECT

[Project Title / Publication Name]

DESCRIPTION OF SERVICES	QTY/HOURS	RATE	AMOUNT
Layout Design (Interior Spreads)	0	$0.00	$0.00
Cover Design & Typography	0	$0.00	$0.00
Photo Retouching / Color Correction	0	$0.00	$0.00

DESCRIPTION OF SERVICES	QTY/HOURS	RATE	AMOUNT
Pre-flight & Print Preparation	0	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00

Total Due $0.00

Payment Instructions:
Please make checks payable to [Name] or via Bank Transfer: [Account Details].

Thank you for the opportunity to collaborate on this publication.