INVOICE

Studio/Consultant Name

Email / Phone

Website

Invoice #: 001
Date: MM/DD/YYYY
Due Date: MM/DD/YYYY

Client:
Company Name

Contact Name

Address / City

Project:
Project Title / ID

SERVICE DESCRIPTION	RATE	QTY/HRS	TOTAL
Ex: Creative Strategy & Branding	$0.00	0	$0.00
Ex: Design Production	$0.00	0	$0.00

Subtotal: $0.00
Tax: $0.00

Amount Due: $0.00

Notes / Payment Instructions:

Please include invoice number with payment. Wire transfer or Check accepted.