STUDIO NAME

Invoice No: #000
Date: 00/00/0000

FROM

Creative Professional
Address Line 1
Contact Info

BILL TO

Client Name
Company Name
Address Line 1

ITEM DESCRIPTION (PRINT/MEDIA)	QTY/HRS	RATE	AMOUNT
Print Layout & Editorial Design	0	$0.00	$0.00
Asset Creation / Illustration	0	$0.00	$0.00
Pre-press Production & File Prep	0	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total $0.00

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

Thank you for the creative collaboration.