INVOICE

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

INVOICE NUMBER

#001

DATE

[Month DD, YYYY]

BILL TO

[Client Name]
[Client Company]
[Client Email]

PROJECT

[UX Design Project Title]
Due Date: [Month DD, YYYY]

DESCRIPTION	HOURS	RATE	AMOUNT
UX Research & User Personas	0.00	$0.00	$0.00
Wireframing & Information Architecture	0.00	$0.00	$0.00
High-Fidelity UI Prototyping	0.00	$0.00	$0.00
Usability Testing & Iteration	0.00	$0.00	$0.00

Subtotal $0.00

Tax (0%) $0.00
Total Due $0.00 USD

PAYMENT INSTRUCTIONS

Please send payment via bank transfer to: [Bank Details/Account Info]
Payment is due within 15 days of receiving this invoice.