[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Website]

INVOICE

No: #0000
Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Company Name]
[Address Line 1]
[Email]

PROJECT:

[Project Name]
PO Number: [00000]
Due Date: [MM/DD/YYYY]

DESCRIPTION	QUANTITY/HOURS	RATE	AMOUNT
Styleframe Design & Concepting	0	$0.00	$0.00
2D/3D Animation & Motion Graphics	0	$0.00	$0.00
Sound Design & Audio Mix	0	$0.00	$0.00

DESCRIPTION	QUANTITY/HOURS	RATE	AMOUNT
Post-Production & Rendering	0	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Balance: $0.00

PAYMENT INSTRUCTIONS:

Bank: [Bank Name] | Account: [00000000] | Routing: [00000000]
Please include the invoice number in your transfer memo. Terms: Net 30.