INVOICE

[Studio Name]
[Address Line 1]
[Email / Phone]

INVOICE NUMBER

#INV-000

DATE

[Date]

BILL TO

[Client Name]
[Company Name]
[Client Address]

PROJECT

[Project Name / Description]

DESCRIPTION	QUANTITY	RATE	TOTAL
[Typographic Concept & Development]	[0]	$0.00	$0.00
[Typeface Licensing Fees]	[0]	$0.00	$0.00
[Revisions & Refinements]	[0]	$0.00	$0.00

Subtotal $0.00

Tax (0%) $0.00
Amount Due $0.00

PAYMENT TERMS

Please pay within 30 days. Payments via [Bank Transfer/Payment Method].