

[CONSULTANT NAME/STUDIO]

[Address Line 1]

[Email / Phone]

INVOICE

BILLED TO

[Client Name]

[Client Address]

[Contact Email]

INVOICE DETAILS

Number: #[000]

Date: [Date]

Due Date: [Date]

DESCRIPTION OF CREATIVE SERVICES	HOURS/QTY	RATE	AMOUNT
[Service Title - e.g., Brand Strategy Workshop]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Service Title - e.g., Creative Direction Phase I]	[0.0]	[\$[0.00]]	[\$[0.00]]

Subtotal \$[0.00]

Tax [0%] \$[0.00]

Balance Due \$[0.00]

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Consultant Name] or via transfer to [Bank Details/IBAN]. Payment is expected within [X] days of invoice date.