INVOICE

Design Studio Name

Invoice #: [000]

Date: [MM/DD/YYYY]

FROM:
[Your Name / Business]
[Street Address]
[City, State, Zip]
[Email/Phone]
BILL TO:
[Client Name / Company]
[Street Address]
[City, State, Zip]
[Project Reference]

Service Description	Units/Hrs	Rate	Amount
Concept Development & Visual Strategy	-	-	$0.00
Packaging Structural Design (Dielines)	-	-	$0.00
Graphic Application & Typography	-	-	$0.00
3D Mockups & Rendering	-	-	$0.00
Print Management & Production Prep	-	-	$0.00

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

TOTAL DUE: $0.00

Payment Terms: [Net 30 / Upon Receipt]
Payment Method: [Bank Transfer / PayPal / Other]
Notes: Thank you for your business. Final source files will be released upon receipt of full payment.