INVOICE

No: _____
Date: _____

[Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:

[Client Name]
[Client Company]
[Client Address]
[Tax ID/VAT]

PROJECT:

[Project Name/Title]
[PO Number]

Description of Services / Deliverables	Qty/Hrs	Rate	Amount
[Item Description - e.g. Brochure Layout]			
[Item Description - e.g. Pre-press Setup]			
[Item Description - e.g. Revisions]			

Subtotal: $0.00
Tax (%): $0.00

Total Amount: $0.00

Payment Terms: [Net 30 / Due on Receipt]
Payment Method: [Bank Transfer / Check / PayPal]
Notes: [Thank you for your business!]