

Organic Bloom Studio

123 Floral Lane, Suite 100
Portland, OR 97201

INVOICE

#INV-0001
Date: [Date]

BILL TO

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

PROJECT DETAILS

Project: [Project Name]
Due Date: [Due Date]

Description	Hours/Qty	Rate	Amount
[Service/Product Name]	[Qty]	[\$Rate]	\$0.00
[Service/Product Name]	[Qty]	[\$Rate]	\$0.00

Subtotal \$0.00
Tax (0%) \$0.00
Total \$0.00

NOTES & PAYMENT

Please make checks payable to Organic Bloom Studio. Payment is due within 30 days.

Thank you for your business.