[NAME/STUDIO]
CREATIVE DIRECTION & STRATEGY

INVOICE NO: #000
DATE: [DATE]
DUE DATE: [DATE]

FROM

[Your Name or Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name/Company]
[Client Address]
[Contact Email]
[Project Reference]

DESCRIPTION OF SERVICES	RATE TYPE	QTY/HRS	TOTAL
Creative Direction Consulting (Phase: [Name])	Flat Fee	1	$0.00
Strategy Sessions & Brand Oversight	Hourly	0	$0.00
Asset Review & Directing	Day Rate	0	$0.00

Subtotal $0.00
Tax (0%) $0.00
TOTAL DUE $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Checks payable to: [Name]
Terms: Net [Number] Days