INVOICE

Studio Name / Artist Name
Address Line 1
City, State, Zip
Email / Phone

Invoice #: _____
Date: _____
Due Date: _____

Client:

Contact Name
Company Name
Address Line 1
City, State, Zip

Project Details:

Project Name: _____
Job Number: _____
PO Number: _____

Description of Production Services	Hours/Qty	Rate	Amount
Design & Layout			
Illustration / Vector Work			

Description of Production Services	Hours/Qty	Rate	Amount
Photo Retouching / Color Correction			
Pre-press Prep / File Packaging			
Revisions			

Subtotal: $ _____
Tax (___%): $ _____
Total Amount: $ _____

Payment Instructions:
Please make checks payable to _____ or pay via _____.

Terms & Conditions:
Full payment is due within ____ days. Late fees may apply. Ownership of production files is transferred upon receipt of full payment.