TYPOGRAPHY STUDIO

123 Typeface Ave, Design District
contact@typography-studio.com

INVOICE NO: #0000

DATE: Month DD, YYYY

DUE DATE: Month DD, YYYY

BILL TO

Client Name / Agency
Street Address
City, State, ZIP
client@email.com

PROJECT DETAILS

Project: Custom Typeface Design
PO Number: 000000

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
Custom Font Development (Regular Weight)	1	$0.00	$0.00
Kerning & OpenType Feature Engineering	1	$0.00	$0.00
Commercial Licensing Fee (Desktop & Web)	1	$0.00	$0.00

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

PAYMENT TERMS

Please include the invoice number with your payment. Bank transfer preferred.
Net 30 days from date of issue. Thank you for your business.