

Your Studio Name

123 Street Name

City, State ZIP

email@example.com

+1 (555) 123-4567

INVOICE**Date:** ____ / ____ / ____**Invoice #:** _____**Billed To:**

Client Name

Client Company

Address Line 1

Address Line 2

Email: client@email.com

Description	Hours	Rate	Amount
Logo Design	---	---	---
Brand Guidelines	---	---	---
Social Media Assets	---	---	---

Subtotal _____**Tax** _____**Total Due** _____**Notes:**

Payment due within 30 days.

Make checks payable to [Your Studio Name].

Thank you for your business!

Authorized Signature