

**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