

# Web Designer Billing Form

Invoice #

Date

From (Web Designer)

To (Client)

Project / Service Description

| Item / Service       | Hours / Qty          | Rate                 | Amount               |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Subtotal             |                      | <input type="text"/> |                      |
| Tax                  |                      | <input type="text"/> |                      |
| Total                |                      | <input type="text"/> |                      |

Notes / Payment Instructions



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Web Designer Signature

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Date