

Your Company Name

123 Address St.

City, State ZIP

Email: you@example.com

Phone: (123) 456-7890

Invoice #: INV-0001

Date: YYYY-MM-DD

Due Date: YYYY-MM-DD

Hourly Rate Invoice

Bill To:

Client Name

Client Company

456 Client Address Ave.

City, State ZIP

Description	Hours	Rate	Amount
Consultation	10	\$100	\$1,000
Design Work	5	\$120	\$600
Subtotal			\$1,600
Tax (0%)			\$0
Total			\$1,600

Notes:

Thank you for your business.