

# Service Invoice

For Graphic Design Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

**Bill To:**

Client Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email/Phone: \_\_\_\_\_

**From:**

Your Name: \_\_\_\_\_  
Your Studio/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email/Phone: \_\_\_\_\_

Service Description	Hours	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal:			_____
Tax:			_____
<b>Total:</b>			_____

**Notes / Terms:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Designer's Signature

\_\_\_\_\_  
Client's Signature  
Thank you for your business!