

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:			_____
Total:			_____

Notes / Terms:

Designer's Signature

Client's Signature

Thank you for your business!