

**GRAPHIC DESIGN INVOICE**

|  |  |
| --- | --- |
| Street: | Phone: |
| City, State, ZIP Code: | Email: |
| Fax: | Website: |

***Company Name***

**Bill To:**

|  |  |
| --- | --- |
| Invoice Number: | Name: |
| Date: | Street: |
| Phone: | City, State, ZIP Code: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Description | | Hours | $ / Hour | Amount |
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|  | |  |  |  |
| Comments or Special Instructions: |  | | Total Labor |  |
|  | | | Sales Tax |  |
| **TOTAL** |  |
| Payment is due within # \_\_\_ of days. | | | | |