



Graphic Design INVOICE

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

Bill To:

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

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