CREATIVE SERVICES INVOICE

CREATIVE STUDIO

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Project no. _____

BILL TO (CLIENT)

Company _____ Attention _____

Email _____

PROJECT

Project _____

Delivered _____

Usage and licensing _____

CONCEPT

Item	Details	Qty	Unit	Rate	Amount

Concept subtotal

PRODUCTION

Item	Details	Qty	Unit	Rate	Amount

Production subtotal

REVISIONS

Item	Details	Qty	Unit	Rate	Amount

Revisions subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax on services, if applicable (_____%)

Total

Less: deposit received

Amount due

PROJECT NOTES

_____

_____

Please quote the invoice number with your payment.