

Creative Services Invoice

From:

Address:

Phone:

Email:

To:

Address:

Phone:

Email:

Invoice #:

Date:

Due Date:

Description of Services	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Notes: