

# Design Consultation Invoice

<b>From:</b> Your Company Name Address Line 1 Address Line 2 Phone: (xxx) xxx-xxxx	<b>To:</b> Client Name Client Address Line 1 Client Address Line 2 Phone: (xxx) xxx-xxxx
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Invoice Number:	<input type="text"/>	Date:	<input type="text"/>
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Description	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"/>
<b>Total</b>			<input type="text"/>

**Signature:**

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