

Web Design Services Invoice

Invoice Number:

Date:

Billed To:

From:

| 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"/> |
| Total: | | | <input type="text"/> |

Notes: