

FREELANCE INVOICE TEMPLATE

Your Business Name

123 Main Street

Hamilton, OH 44416

(321) 456-7890

email@address.com

DATE

03/15/18

INVOICE NO.

A246

BILL TO

ATTN: Name / Dept.

Company Name

123 Main Street

Hamilton, OH 44416

(321) 456-7890

DATE PAYMENT DUE

04/15/18

LEAD TIME

2 wks

PROJECT DETAILS

Provide brief overview of or any pertinent information regarding the project, if applicable.

DATE	DESCRIPTION OF WORK	HOURS	RATE	TOTAL
3/11/2018	Consultation, flat rate	1	\$100.00	\$100.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
REMARKS / INSTRUCTIONS			SUBTOTAL	\$100.00
Make checks payable to			TAX RATE	3.80%
			TOTAL	\$103.80

THANK YOU

For questions concerning this invoice, please contact

Name, (321) 456-7890, Email Address

www.yourwebaddress.com