

# INVOICE

[Your Name/Agency Name]  
[Address Line 1]  
[Email Address]

**Invoice #:** [0001]

**Date:** [Date]

**Due Date:** [Date]

**Bill To:**

[Client Name]  
[Company Name]  
[Client Address]

DESCRIPTION	PERIOD	RATE	TOTAL
Copywriting Retainer Fee (Flat Monthly)	[Month, Year]	[\$0.00]	[\$0.00]
Additional Deliverables (Overage)	[Details]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]  
Tax: [\$0.00]  
Total Amount: [\$0.00]

**Payment Terms:**

Payment via [Bank Transfer/PayPal/Stripe]. Please include invoice number in the payment reference.

*Thank you for your business.*