

INVOICE

Writer/Agency Name
Address Line 1
City, State, Zip
Email: email@example.com

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Client Name / Production Co.
Contact Person
Address Line 1
City, State, Zip

Project:

Script Title / Project Code

Description of Services	Rate/Unit	Quantity	Total
Initial Draft / Treatment	\$0.00	1	\$0.00
Revision / Polish	\$0.00	1	\$0.00
Consultation Hours	\$0.00	0	\$0.00

Subtotal: \$0.00

Tax (if applicable): \$0.00

Balance Due: \$0.00

Payment Terms: Net 30. Please make checks payable to [Name] or via Bank Transfer.

Notes: All rights to the script are reserved until final payment is received in full.