INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:
[Client Name / Company]
[Client Address]
[Project Name]

QA Phase / Service Description	Hours/Units	Rate	Amount
Test Planning & Strategy Development	[0]	$[0.00]	$[0.00]
Manual Functional Testing (Sprints [X]-[Y])	[0]	$[0.00]	$[0.00]
Automation Scripting & Execution	[0]	$[0.00]	$[0.00]
Regression Testing & Bug Verification	[0]	$[0.00]	$[0.00]
Performance/Load Testing Phase	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax (0%): $[0.00]

Total Due: $[0.00]

Payment Instructions:
Bank Name: [Name] | Account: [Number] | SWIFT/BIC: [Code]
Please include Invoice Number as payment reference.