INVOICE

Transcriptionist Name / Organization
Email: [Email Address]
Phone: [Phone Number]

Invoice #: [000]
Date: [MM/DD/YYYY]
PO Number: [Reference]

BILL TO:

Principal Investigator: [Name]
Institution/Department: [University Name]
Grant/Project: [Project Name/ID]
Address: [Billing Address]

PAYMENT TERMS:

Due Date: [MM/DD/YYYY]
Payable via: [Bank Transfer/Check/Portal]
Tax ID / EIN: [Number]

Audio File / Interview ID	Duration (Mins)	Rate (per Min)	Total
[File Name / Participant Code]	00:00	$0.00	$0.00
[File Name / Participant Code]	00:00	$0.00	$0.00
[File Name / Participant Code]	00:00	$0.00	$0.00

Subtotal: $0.00
Discounts / Adjustments: $0.00
Total Amount Due: $0.00

Notes: All transcripts provided adhere to the confidentiality and IRB protocols agreed upon. Data has been handled according to [Standard/GDPR] privacy requirements.

Thank you for the opportunity to contribute to your research.