INVOICE

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

INVOICE #: [000]
DATE: [MM/DD/YYYY]

BILL TO:

[Client Name / Research Agency]
[Project Manager Name]
[Address Line 1]

PROJECT REFERENCE:

[Focus Group Project Name]
[PO Number / Study Code]

Focus Group Description (Date/Group ID)	Audio Length (Min)	Rate (Per Min)	Total
[Group #1 - 00/00/00 - 6 Participants]	[00:00]	$0.00	$0.00
[Group #2 - 00/00/00 - 8 Participants]	[00:00]	$0.00	$0.00
Additional Services (Speaker ID/Time Coding)	-	-	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Grand Total: $0.00

PAYMENT INSTRUCTIONS:

Please make payment via [Bank Transfer/PayPal] to [Account Details].
Payment is due within [30] days.