INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]

From:
[Your Name/Company]
[Address Line 1]
[Email/Phone]
Bill To:
[Insurance Company/Agency]
[Adjuster Name]
[Claim Number Reference]

Date of Service	Claim / Case #	Audio Length (Min)	Rate/Min	Total
[Date]	[Claim #] - Recorded Statement	0.00	$0.00	$0.00
[Date]	[Claim #] - IME Report	0.00	$0.00	$0.00
[Date]	Expedited Processing Fee	-	-	$0.00

Subtotal: $0.00

Tax: $0.00

Balance Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Payee Name].
Notes: All transcripts have been proofread for accuracy against original audio files.