INVOICE

[Your Name/Studio Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER #000
DATE [Date]
DUE DATE [Date]

CLIENT / AUTHOR **[Client Name]**
[Company Name]
[Client Address]
PROJECT TITLE [Book Title / Working Project Name]

Description of Services	Quantity/Rate	Amount
Ghostwriting Services [e.g., Chapters 1-5, Manuscript Development]	[Qty] x $[Rate]	$0.00
Consultation & Research [e.g., Interview hours, Outline creation]	[Qty] x $[Rate]	$0.00
Revision Rounds [e.g., Round 2 edits]	[Qty] x $[Rate]	$0.00

Subtotal $0.00
Deposit Paid -$0.00
Balance Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Your Name]** or pay via **[Paypal/Bank Transfer Info]**.

Thank you for the opportunity to help tell your story.