INVOICE

Creative Ghostwriting Services

Invoice #: [000]

Date: [Date]

FROM:
[Your Name/Studio Name]
[Address Line 1]
[Email Address]

TO:
[Client Name/Company]
[Project Title/Reference]
[Client Email]

DESCRIPTION OF SERVICES	RATE / WORD COUNT	AMOUNT
[Service: e.g., Manuscript Drafting - Chapters 1-5]	[Rate]	[Amount]
[Service: e.g., Developmental Editing & Outlining]	[Rate]	[Amount]
[Service: e.g., Research & Interview Hours]	[Rate]	[Amount]

Subtotal: [0.00]

Tax / Adjustments: [0.00]

Total Due: [0.00] [Currency]

Payment Terms: Due within [X] days of invoice date.

Payment Method: [Bank Transfer / PayPal / Other]

Thank you for the opportunity to bring your vision to life.