INVOICE

[Agency Name]
[Street Address]
[City, State, Zip]

INVOICE NUMBER

#0000

DATE

[Date]

CLIENT

[Client Name / Company]
[Client Email]
[Project Title]

PAYMENT TERMS

Net [30] Days
Due Date: [Date]

SERVICE DESCRIPTION	RATE	QTY/WORDS	AMOUNT
Manuscript Drafting - Chapter [X]	$0.00	0	$0.00
Developmental Editing & Consult	$0.00	0	$0.00
Research & Interviews	$0.00	0	$0.00

Subtotal: $0.00
Deposit Paid: ($0.00)
Total Due: $0.00

NOTES

Payment via Bank Transfer or Wire. Please include invoice number in payment reference. Intellectual property rights transfer upon final payment receipt.