

INVOICE

FROM

[Service Provider Name]

[Address / Contact Info]

INVOICE #

0000

DATE

YYYY-MM-DD

BILL TO

[Client Name]

[Company Name]

[Client Email/Address]

PROJECT REFERENCE

[Project Title / Manuscript Name]

SERVICE DESCRIPTION	UNIT (WORDS/HOURS)	RATE	TOTAL
[e.g. Developmental Editing]	[Qty]	\$0.00	\$0.00
[e.g. Copyediting / Proofreading]	[Qty]	\$0.00	\$0.00
[e.g. Fact Checking]	[Qty]	\$0.00	\$0.00

SUBTOTAL: \$0.00

TAX (if applicable): \$0.00

TOTAL DUE: \$0.00

PAYMENT INSTRUCTIONS

[Bank Transfer Details / Payment Link / Check Instructions]

Thank you for your business.