

# INVOICE

[Your Name/Company Name]

[Address Line 1]

[Email/Phone]

**Invoice #:** [0001]

**Date:** [Date]

**Due Date:** [Date]

---

**BILL TO:**

[Client Name]

[Client Company]

[Client Address]

Description of Service	Word Count / Hours	Rate	Total
[Project Title/Document Name] - Proofreading	[0,000]	[\$0.00]	[\$0.00]
[Secondary Service/Revision]	[0]	[\$0.00]	[\$0.00]

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

---

**Payment Instructions:**

Please make checks payable to [Your Name] or pay via [PayPal/Bank Transfer Details].

*Thank you for your business.*