INVOICE

Podcast Network Name
123 Audio Lane, Studio B
contact@podcastservice.com

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

_____
_____
_____

Subscription Details:

Plan: _____
Period: _____

Description	Quantity	Unit Price	Total
Monthly Podcast Subscription Fee	____	$ ____	$ ____
Premium Ad-Free Access	____	$ ____	$ ____
Bonus Content / Archive Access	____	$ ____	$ ____

Subtotal: $ _____

Tax: $ _____

Grand Total: $ _____

Thank you for supporting our creators.

Payment Instructions: _____