[Publisher/Provider Name]

[Street Address]
[City, State, Zip Code]
[Email Address / Phone]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[University/Institution Name]
[Department Name]
[Contact Person]
[Billing Address]

Subscription Reference:

Account ID: [ID-0000]
Service Period: [Start Date] - [End Date]
License Type: [Institutional/SaaS]

Description	User Count/Tier	Unit Price	Amount
[Digital Resource/Journal Database Name]	[FTE Count/Seats]	$[0.00]	$[0.00]
[Platform Access Fee - Annual]	[1]	$[0.00]	$[0.00]
[Integration/SSO Support Setup]	[Flat Fee]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
Total: $[0.00]

Payment Instructions:
Bank Name: [Name]
SWIFT/BIC: [Code]
Account Number: [Number]

Terms: Please include invoice number with your remittance. Net 30 days.