

INVOICE

[QA Consultant/Agency Name]
[Address Line 1]
[Email/Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]

Bill To:

[Client Company Name]
[Client Contact Person]
[Project Name/ID]

Payment Terms:

[e.g. Net 30]

Due Date: [MM/DD/YYYY]

Description of QA Services	Hours/Qty	Rate	Amount
[Manual Regression Testing - Sprint X]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Automated Script Development (Selenium/Playwright)]	[0.00]	[\$[0.00]]	[\$[0.00]]
[API Security & Load Testing]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax (if applicable): \$[0.00]

Total Amount Due: \$[0.00]

Payment Instructions:

Bank Name: [Name] | Account #: [00000000] | SWIFT/IBAN: [Code]

Thank you for your business.