INVOICE

QA Consultant / Agency Name
123 Testing Lane
Tech City, ST 12345

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Name]
[Client Address]
[Contact Email]
Project:
[Software/App Name]
[Sprint/Release Version]

Testing Service Description	Hours/Qty	Rate	Subtotal
Manual Functional Testing	[0.00]	$[0.00]	$[0.00]
Automated Script Development (Selenium/Cypress)	[0.00]	$[0.00]	$[0.00]
Regression Testing & Bug Tracking	[0.00]	$[0.00]	$[0.00]

Testing Service Description	Hours/Qty	Rate	Subtotal
API / Performance Testing	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax (0%): $[0.00]

Total Due: $[0.00]

Payment Terms: Please remit payment within [X] days via [Bank Transfer/PayPal/Check].

Notes: All QA artifacts and bug reports have been uploaded to [Jira/Project Management Tool].