INVOICE

Invoice #: [0000]
Date: [Date]

[Ghostwriter Name/Agency]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO:
[Client Name]
[Company Name]
[Client Address]
MONTHLY PERIOD:
[Start Date] - [End Date]
DUE DATE:
[Date]

DESCRIPTION OF SERVICES	QUANTITY/WORDS	RATE	AMOUNT
[Manuscript Drafting/Chapter Title]	[0,000]	[$0.00]	[$0.00]
[Editing & Revisions]	[0] Hours	[$0.00]	[$0.00]
[Research & Interviews]	[0] Hours	[$0.00]	[$0.00]

Subtotal: [$0.00]
Adjustments/Discounts: [-$0.00]
Total Amount Due: [$0.00]

Payment Instructions:
[Bank Transfer / PayPal / Other Methods]
[Account Details]

Thank you for your partnership.