INVOICE

Invoice #: _____
Date: _____

Writer Name / Studio
Address Line 1
City, State, Zip
Email / Phone

BILL TO: **Production Company / Client**
Contact Name
Address Line 1
City, State, Zip
PROJECT: Project Title: _____
Monthly Period: _____

Description of Services	Qty/Drafts	Rate	Amount
Script Development / Monthly Retainer			
Revision Rounds / Polishes			
Research & Consultation Hours			
Expenses (Travel, Software, etc.)			

Subtotal: _____
Tax: _____

Total Due: _____

PAYMENT TERMS: Due within _____ days. Please make checks payable to _____.
Wire Transfer / Digital Pay Info: _____