

# INVOICE

Copywriting & Editing Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## FROM

[Your Name / Business Name]  
[Address Line 1]  
[Email Address]  
[Phone Number]

## BILL TO

[Client Name]  
[Company Name]  
[Address Line 1]  
[Email Address]

Description of Service	Rate Type	Qty/Hours	Total
[Project Name / Copywriting Task]	[Per Word / Hour]	[0.00]	\$0.00
[Editing / Proofreading Task]	[Per Word / Hour]	[0.00]	\$0.00
[Revision Fees / Consultations]	[Flat Fee]	[0.00]	\$0.00

Subtotal: \$0.00

Tax ([0] %): \$0.00

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**Amount Due: \$0.00**

**Payment Terms:** Due within [30] days of invoice date.

**Payment Method:** [Bank Transfer / PayPal / Other]

*Thank you for your business!*