

INVOICE

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

Invoice #: [000]
Date: [Date]
Billing Period: [Month, Year]

BILL TO:

[Client Name / Company]
[Attention To]
[Address Line 1]

Description of Services	Units / Hours	Rate	Amount
[Project Name / Editorial Task]	[0.0]	[\$0.00]	[\$0.00]
[Project Name / Proofreading]	[0.0]	[\$0.00]	[\$0.00]
[Reimbursable Expenses]	-	-	[\$0.00]

Subtotal: [\$0.00]
Tax (if applicable): [\$0.00]

TOTAL DUE: \$[0.00]

Payment Instructions:

Please remit payment via [Bank Transfer/Check/Payment App] within [X] days.
Account Name: [Name] | Account #: [Number]

Thank you for your business.