

[Contractor Name]
[Business Address]
[City, State, Zip]
[Email/Phone]
[Tax ID/SSN]

INVOICE

No: [000]
Date: [MM/DD/YYYY]

BILL TO: [Client Name/Company]
[Contact Person]
[Client Address]
[City, State, Zip]
PROJECT: [Project Title/Manuscript Name]
Due Date: [MM/DD/YYYY]

DESCRIPTION OF SERVICES	RATE TYPE	QUANTITY	UNIT PRICE	TOTAL
[e.g., Copyediting, Developmental Editing]	[Per Word/Hour]	0	\$0.00	\$0.00
[e.g., Proofreading, Fact Checking]	[Per Word/Hour]	0	\$0.00	\$0.00

Subtotal: \$0.00

Balance Due: \$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Contractor Name]** or send via [Electronic Payment Method] to [Account Detail]. Payment is due within [Number] days of invoice date.