

INVOICE

[Business Name / Consultant Name]

INVOICE # [00001] DATE [Month Day, Year]

FROM

[Street Address]
[City, State, Zip]
[Email / Phone]

BILL TO

[Client Name]
[Company Name]
[Client Email]

DESCRIPTION OF WORD PROCESSING SERVICES	RATE	QTY/HOURS	TOTAL
[Service Name: e.g., Manuscript Formatting]	\$0.00	0	\$0.00
[Service Name: e.g., Proofreading/Editing]	\$0.00	0	\$0.00
[Service Name: e.g., Data Entry/Transcription]	\$0.00	0	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Payee Name]**.

Bank Transfer: [Bank Name] | Acc: [Number] | Routing: [Number]

Payment is due within [30] days of invoice date.