

INVOICE

No: [000]

Date: [MM/DD/YYYY]

[Editor Name/Company]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

[Client Name/Production Co]

[Street Address]

[City, State, Zip]

PROJECT

[Project Title/Season/Episode]

[Purchase Order #]

Description of Services (Script Editing/Proofing)	Rate (Hr)	Hours	Amount
[Draft Revision / Coverage / Polish]	\$0.00	0.0	\$0.00
[Notes Meeting / Consultation]	\$0.00	0.0	\$0.00

Subtotal: \$0.00

Tax (if applicable): \$0.00

Total Due: \$0.00

Payment Terms: [Net 30/On Receipt]

Payment Method: [Bank Transfer/Check/Digital Payment Info]