# VOICE ARTIST NAME
# INVOICE

**FROM**

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

**BILL TO**

[Client Name/Production Company]
[Project Manager Name]
[Client Address]
[Tax ID/VAT if applicable]

**Invoice #:** [0001]

**Date:** [Date]

**Due Date:** [Date]

**PO Number:** [Reference]

| Description (Project Title / Script Version) | Word Count/Hours | Rate | Amount |
|---|---|---|---|
| Explainer Video Voiceover: [Video Title] | [000] words | $[0.00] | $[0.00] |
| Usage Rights: [e.g., Online/Full Broadcast/1 Year] | - | $[0.00] | $[0.00] |

| Description (Project Title / Script Version) | Word Count/Hours | Rate | Amount |
|---|---|---|---|
| Editing & File Splitting | [0] units | $[0.00] | $[0.00] |

Subtotal: $[0.00]

Tax (0%): $[0.00]

**Total Amount Due: $[0.00]**

## Payment Instructions

Method: [PayPal / Bank Transfer / Stripe]
Account: [Email or Account Number]
Terms: Net [30] days. Please include invoice number with payment.