MEDICAL NARRATION INVOICE

[Voice Talent Name]
[Address Line 1]
[Email Address]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Client Name / Production Company]
[Department / Medical Institution]
[Address Line 1]
[Contact Email]

Project Details:

[Project Title]
[Script Reference/ID]
[Usage Terms / Buyout Period]

Service Description	Word Count / Hours	Rate	Amount
Medical Narration (Base Fee)			
Complex Terminology Prep			
Editing & File Splitting			

Service Description	Word Count / Hours	Rate	Amount
Usage/Licensing Fee			

Total Amount Due: $_____

Payment Instructions:

Please make payments via [PayPal / Bank Transfer / Check].
Bank Name: _____ | Account #: _____ | Routing #: _____

Thank you for your business. It was a pleasure voicing your medical project.