INVOICE

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

INVOICE NUMBER
#00001

DATE
[Date]

BILL TO
[Client Name]
[Company Name]
[Client Address]

PROJECT DETAILS
Project: [Book Title / Project Name]
Author/Publisher: [Name]
PO Number: [Reference]

DESCRIPTION OF SERVICE	QUANTITY	RATE	AMOUNT
Narrative Recording (PFH) - [Section/Chapters]	0.00	$0.00	$0.00
Editing & Mastering Services	0.00	$0.00	$0.00
Revision / Pickup Fees	0.00	$0.00	$0.00

Subtotal $0.00
Tax $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Name]**.
Bank Transfer: [Bank Name] / IBAN: [Number]
PayPal: [Email Address]

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