

INVOICE

Freelance Transcription Services

Invoice No: _____

Date: _____

Due Date: _____

SERVICE PROVIDER

CLIENT

AUDIO / VIDEO FILE & DESCRIPTION	MEDIA DURATION	HOURS WORKED	HOURLY RATE	AMOUNT
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT INSTRUCTIONS

NOTES & TERMS

