

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

BILLING TO:

Client Name: _____

Department: _____

Institution: _____

Address: _____

Email: _____

PROJECT REFERENCE:

Project Title: _____

Grant / PO No: _____

IRB Protocol No: _____

Service Type: _____

Billing Code: _____

DATE	FILE NAME/ AUDIO REFERENCE	DURATION (MINS)	RATE/ MIN	TOTAL
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PAYMENT INSTRUCTIONS

Remit Payment To: _____

Subtotal: _____

Bank Name:

Routing / Sort Code:

Account Number:

Transfer Reference:

Discount (Academic):

Tax / VAT:

TOTAL DUE:

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