



INVOICE

Quantitative Research Services

SERVICE PROVIDER

INVOICE DETAILS

Invoice No: _____
Date: _____
Due Date: _____
Project Code / PO: _____

CLIENT / BILL TO

SERVICE DESCRIPTION	SAMPLE SIZE (N)	UNIT COST / RATE	TOTAL AMOUNT
Survey Programming & Hosting			
Sample Acquisition & Respondent Incentives			
Data Processing, Cleaning & Cross-Tabulation			
Statistical Analysis & Report Delivery			

Subtotal

Tax Rate (%)

Tax Amount

Total Due



PAYMENT TERMS & INSTRUCTIONS

[Empty dashed rectangular box for payment terms and instructions]