

# INVOICE

Invoice No: \_\_\_\_\_ Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

---

FROM:

---

---

---

---

---

TO:

---

---

---

---

---

DESCRIPTION OF COPYWRITING SERVICES	HOURS/QTY	RATE	AMOUNT

Subtotal: \_\_\_\_\_

Tax/VAT: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

---

**PAYMENT TERMS & METHODS**

Payment is required within 14 days of invoice date. Please send payments via bank transfer or online payment gateway as details below:

Bank Name: Account Name: IBAN/Routing: Account No: PayPal Email: