

INVOICE

TRANSCRIPTIONIST / PROVIDER

INVOICE DETAILS

Invoice No:

Date:

Due Date:

Billing Period:

BILL TO

CLIENT CONTACT

AUDIO/VIDEO FILE NAME	SERVICE TYPE	DURATION (MM:SS / HH:MM)	RATE PER MINUTE	TOTAL AMOUNT
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Subtotal:

Tax / VAT:

Total Due:

PAYMENT INSTRUCTIONS

TERMS & CONDITIONS

