

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

FREELANCE EDITOR INVOICE

Invoice # _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

| Description | Hours | \$ / Hour | Amount (\$) |
|-------------|-------|-----------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Comments or Special Instructions:

Payment is due within ____ days.

SUBTOTAL

DISCOUNT

TAX

TOTAL

| |
|--|
| |
| |
| |
| |

Thank you for your business!