INVOICE

[Your Business Name]
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

BILL TO

[Client Name]
[Street address]
[City, State ZIP]
[client@email.com]

Invoice number:	IC-0001
Invoice date:	10/27/2026
Due date:	11/26/2026
Terms:	Net 30
Contract / PO no.:	[Contract number]
Period:	[Start] – [End]

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
Contract hours: [project name] Week of [date]	$85.00	22	**$1,870.00**
Contract hours: [project name] Week of [date]	$85.00	18	**$1,530.00**
Milestone 2: [deliverable] Fixed fee per contract	$1,200.00	1	**$1,200.00**
Expense: software license Reimbursable at cost, receipt attached	$49.00	1	**$49.00**

NOTES/MEMO

Independent contractor services; no taxes withheld. W-9 available on request. Late payments may incur a 1.5% monthly fee.

Subtotal:	$4,649.00
Amount due:	**$4,649.00**