

Freelance Invoice

FREELANCE INVOICE

Enter one line per item or service supplied. Totals should be checked against your practice management system before the document is issued.

Practice name: _____ Invoice number: _____

Practice address, phone, email and tax ID

Bill to - name: _____ Bill to - account number: _____

Bill to - address

Invoice date: _____ dd / mm / yyyy Payment due date: _____ dd / mm / yyyy

ITEMS AND SERVICES

Date: _____ Description: _____

Code: _____ Qty: _____

Unit price: _____ Amount: _____

Subtotal: _____ Discount: _____

Tax: _____ Amount paid: _____

Balance due: _____

Payment methods and terms

Please quote the invoice number with any payment. Contact the practice before the due date if you need to discuss a payment plan.