FREELANCE INVOICE

From

Name: _____
Street Address: _____
City, State, Zip: _____
E-Mail: _____
Phone: _____
Website: _____

Details

Date: _____
Invoice #: _____
Payment Due: _____

Bill To

Name: _____
Street Address: _____
City, State, Zip: _____
E-Mail: _____
Phone: _____

Description	Quantity	Rate	Amount

Payment Terms

Accepted Payment Methods:
☐ Cash ☐ Check ☐ Credit Card ☐ ACH ☐ Online Payment
☐ Other: _____
Payment Instructions:

Late Fee: Late payments will incur a fee of ____% per month.

Subtotal: _____
Discount: _____
Tax: _____
Amount Paid: _____

Total Due: _____

Invoice Generator