INVOICE

Independent Contractor Invoice — Fixed Fee

Invoice # _____

Date _____

Due date _____

FROM

Your name (you are the business)

Email

Phone

Tax ID / EIN (if requested)

BILL TO

Client name

Email

Address

DESCRIPTION	QTY	RATE	AMOUNT

Subtotal _____

Tax _____

Total Due _____

NOTES

Fixed-fee engagement as agreed in writing. Scope changes billed separately.

PAYMENT INSTRUCTIONS

Payment due within 30 days (Net 30).