

Creative Writing Services Bill

Invoice #:

Date:

Billed To:

Address:

Email:

Description of Service	Hours	Rate (USD)	Amount (USD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount Due (USD):

Issued By:

Date: