YOUR NAME HERE

Journalism & Media Services

**[INSERT YOUR ADDRESS YOU USE FOR YOUR BUSINESS]**

T: **[INSERT MOBILE NUMBER]** E: **[INSERT YOUR EMAIL]**

**Date:** [DATE OF SENDING INVOICE]

**Date Due:** [DATE 30 DAYS LATER]

**Invoice No:** [INVOICE NUMBER. USUAL FORMAT OF 001/18 (NUMBER OF INVOICE / YEAR)]

**Client:** [WHO YOU ARE SENDING THE INVOICE TOO]

**Client Ref:** [IF THEY HAVE A CODE TO REFER TO YOU]

|  |  |
| --- | --- |
| **Details** | **Cost** |
| 1 x DETAILS OF WORK (eg title, shift day, who commissioned it, etc) | [COST] |
| **Total:** | **[TOTAL]** |

**Payment via bank transfer only to the following account within 30 days of this invoice.**

**Bank:** [BANK NAME]

**Name:** [NAME ON ACCOUNT]

**Account No:** [ACCOUNT NUMBER]

**Sort Code:** [SORT CODE]