

# INVOICE

**From:**

[Your Name/Business Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

**To:**

[Client Name/Company]

[Client Address]

[City, State, Zip Code]

[Attention: Accounts Payable]

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**Invoice Number:** #[001]**Invoice Date:** [Date]**Service Period:** [Month, Year]**Due Date:** [Date]

Description of Sourcing Services	Quantity / Hours	Rate	Total
Monthly Sourcing Retainer / Candidate Research	[Qty]	[\$[0.00]]	[\$[0.00]]
Placement Fees / Successful Hires (if applicable)	[Qty]	[\$[0.00]]	[\$[0.00]]
Premium Tool Subscriptions (Reimbursement)	1	[\$[0.00]]	[\$[0.00]]
<b>Grand Total:</b>			<b>[\$[0.00]]</b>

**Payment Information**

Please make payment via: [Bank Transfer / PayPal / Stripe]

Account Name: [Your Name]

Account Number / ID: [Your Details]

Thank you for your business!