

SAMPLE



ALEXIS O'NEILL

1001 Hillview Lane Simi Valley, CA 93065 (805) 581-1906 Alexis@alexisoneill.com

INVOICE

[DATE]

TO	[Name of organization being billed]
EVENT CONTACT	[The person who engaged you with email and phone number]
RE:	Author Visit
DATE OF SERVICE	
SERVICES & EXPENSES*	School Visit \$ _____ Travel \$ _____ Lodging \$ _____ Food \$ _____
PAYABLE TO	Your name Your address Your Social Security Number
TOTAL DUE & TERMS	\$ _____ Payable at time of visit

* **NOTE:** Under "Services and Expenses," it helps to be clear about what you will deliver. For example, "3 assemblies" or "2 assemblies plus 4 follow-up classroom sessions" or "2 writing workshops," etc. Not all visits will invoice expenses. For payments above \$600, schools will require you to sign and return government form "W-9 Request for Taxpayer Identification Number and Certification. You can download this form at <http://www.irs.gov/>