INVOICE

[Consultant Name/Company]
[Street Address]
[City, State, Zip]
[Tax ID / Email]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT

[Client Name/Company]
[Contact Person]
[Client Address]
[Client City, State, Zip]

AGREEMENT REFERENCE

Contract ID: [Reference Number]
Project: [Project Name/Description]
Period: [Start Date] - [End Date]

Description of Services	Hours/Qty	Rate	Amount
[Consulting Service Description]	0.00	$0.00	$0.00
[Consulting Service Description]	0.00	$0.00	$0.00
[Reimbursable Expenses]	1	$0.00	$0.00

Subtotal: $0.00
Tax/VAT: $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consultant Name]** or transfer to:
Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Thank you for your business.