[CONSULTANCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Company]
[Address Line 1]
[City, State, Zip]

PROJECT REFERENCE

[Project Name/PO Number]
[Consultant Name/Department]

Description of Services	Hours/Qty	Rate	Amount
[Consulting Service Description]	0.00	$0.00	$0.00
[Additional Item or Expense]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Amount Due: $0.00

Payment Terms: Please make checks payable to [Consultancy Name]. Bank transfer details: [Account Info]. Net 30 days.

Thank you for your business!