

[CONSULTANCY NAME]

[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

INVOICE

[Invoice-Number]
Date: [YYYY-MM-DD]

BILL TO

[Client Company Name]
[Client Address]
[Contact Email / Department]

PROJECT DETAILS

Project: [Software Project Name]
PO Number: [Reference Number]
Due Date: [YYYY-MM-DD]

Description of Services	Rate/Hr	Hours	Amount
[Software Development / Architectural Design]	[\$[0.00]]	[0.00]	[\$[0.00]]
[Consulting & Code Review]	[\$[0.00]]	[0.00]	[\$[0.00]]

Subtotal \$[0.00]
Tax ([0]%) \$[0.00]
Total Amount \$[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | SWIFT/BIC: [Code] | Account: [Number / IBAN]
Please include Invoice Number as payment reference. Terms: Net [30] Days.