

HOTEL CONSULTING CO.

123 Hospitality Way
Suite 500
contact@hotelconsulting.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Client Information:

Hotel Name: _____
Attention: _____
Address: _____

Service Description	Hours/Units	Rate	Amount
Operational Audit & Analysis			
Revenue Management Strategy			
Staff Training & Development			
Marketing & Branding Consulting			
Subtotal: \$ _____			
Tax (___%): \$ _____			
Total Amount: \$ _____			

Payment Terms:

Please make checks payable to "Hotel Consulting Co." or transfer to Bank/Account: _____.

Thank you for your business.