

# INVOICE

# [Invoice Number]

**[Consulting Firm Name]**

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

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**BILL TO:**

[Client Name]  
[Client Company]  
[Client Address]

**Date Issued:** [MM/DD/YYYY]

**Billing Period:** [Start Date] - [End Date]

**Due Date:** [MM/DD/YYYY]

Description of Consulting Services	Hours/Qty	Rate	Total
[Service Item Name / Consulting Retainer]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Additional Advisory Hours]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Expenses/Rebursements]	[0.00]	[\$[0.00]]	[\$[0.00]]
Subtotal: \$[0.00]			
Tax (0%): \$[0.00]			

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**Total Due: \$[0.00]**

**Payment Instructions:**

Please make checks payable to [Consulting Firm Name] or pay via [Wire/Bank Details].  
Thank you for your ongoing partnership.