

INVOICE

[Consultant Name/Firm]
[Address Line 1]
[Email/Phone]

INVOICE NUMBER #[000]
DATE [Date]

BILL TO [Client Name]
[Client Address]
[Client Email]
BILLING PERIOD [Start Date] to [End Date]
DUE DATE [Date]

Description	Rate	Hours/Qty	Total
Consulting Retainer Fees Fixed periodic professional services	#[0.00]	1	#[0.00]
Overage / Additional Services [Description of extra hours if applicable]	#[0.00]	[0]	#[0.00]

Subtotal: #[0.00]
Tax ([0]%): #[0.00]

Total Amount Due: #[0.00]

PAYMENT INSTRUCTIONS

Please make payment via [Bank Transfer/Check/Online Portal].
Account Name: [Name] | Account #: [00000000] | Routing: [00000000]

Thank you for your continued partnership.