

# [CONSULTANCY NAME]

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

**RECURRING SERVICE**

## INVOICE

**Invoice #:** [00000]  
**Date:** [Date]  
**Period:** [Start Date] - [End Date]

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### CLIENT INFORMATION

**[Client Contact Name]**  
[Client Company Name]  
[Client Address]  
[Client Email]

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### PAYMENT TERMS

**Frequency:** Monthly Recurring  
**Due Date:** [Date]  
**Method:** [Credit Card / Bank Transfer]

Description of Services	Hours/Qty	Rate	Amount
<b>Monthly Advisory Retainer</b> Fixed-fee strategic consulting and performance monitoring.	1.0	\$0.00	\$0.00

Description of Services	Hours/Qty	Rate	Amount
<b>Technical Support &amp; Maintenance</b> Scheduled systems oversight and reporting.	[Qty]	\$0.00	\$0.00
<b>Additional Consulting Hours</b> Over-quota hours logged for [Project Name].	[Qty]	\$0.00	\$0.00
Subtotal \$0.00 Tax ([0]%) \$0.00 Total Amount \$0.00			

**NOTES**

Thank you for your continued partnership. This is a recurring invoice for professional services rendered. Please contact us within 5 business days for any billing discrepancies.