

# INVOICE

# [Invoice Number]

[Consultant Name/Agency]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

---

**BILL TO:**

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

**Billing Cycle:** [Start Date] - [End Date]  
**Invoice Date:** [Date]  
**Due Date:** [Date]

Service Description	Frequency	Rate	Amount
[Consulting Retainer - Monthly/Weekly]	1	\$0.00	\$0.00
[Additional Hourly Consulting]	[Hours]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Total Balance Due: \$0.00**

---

**Payment Instructions:**

[Bank Name / Wire Details / PayPal Email]

**Notes:**

Thank you for your continued partnership. This is a recurring invoice for professional consulting services.