

[Consultant Name/Firm]

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

INVOICE

BILL TO

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

Invoice #: [0001]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Description of Leadership Services	Rate	Qty/Hrs	Amount
Fractional [Role, e.g., COO/CFO] Services Monthly Retainer - [Date Range]	\$0.00	1	\$0.00
Strategic Planning / Board Meetings Additional advisory hours above retainer	\$0.00	0	\$0.00
Expenses / Reimbursables [Description of travel or software]	\$0.00	1	\$0.00

Subtotal \$0.00
Tax (0%) \$0.00
Balance Due \$0.00

Payment Instructions: [Bank Name] | [Account #] | [Routing #] or [PayPal/Transfer Link]

Terms: Net [30] days. Please make checks payable to [Business Name].