

INVOICE

[Your Name/Company Name]
[Professional Address]
[Email Address]
[Phone Number]

INVOICE #
[001]

DATE
[Date]

BILL TO:

[Client Company Name]
[Recipient Name/Department]
[Client Address]

PROJECT DETAILS:

Assignment: Interim Finance Director Services
Period: [Start Date] to [End Date]

Description of Services	Units/Days	Rate	Amount
Interim Financial Leadership & Strategy	[0.00]	[0.00]	[0.00]
Board Reporting & Month-End Oversight	[0.00]	[0.00]	[0.00]
Expenses (Reimbursable)	-	-	[0.00]

Subtotal: [0.00]

Tax/VAT ([0] %): [0.00]
Total Due: [0.00]

PAYMENT INSTRUCTIONS:

Bank: [Bank Name] | Account: [Account Number] | Sort Code/IBAN: [Details]
Payment Terms: Net [30] Days