

# INVOICE

[Your Name / Consulting Firm]  
[Street Address]  
[City, State, Zip]  
[Email / Phone]

**Invoice #:** [00001]

**Date:** [Month DD, YYYY]

**Due Date:** [Month DD, YYYY]

## BILL TO

**[Client Company Name]**  
[Contact Name]  
[Street Address]  
[City, State, Zip]

## PROJECT REFERENCE

**Interim Role:** [Title/Department]  
**Period:** [Start Date] - [End Date]  
**PO #:** [Optional]

DESCRIPTION	QUANTITY	RATE	AMOUNT
[Interim Management Services - Week 1]	[40.00] Hours	[\$[0.00]]	[\$[0.00]]
[Interim Management Services - Week 2]	[40.00] Hours	[\$[0.00]]	[\$[0.00]]

**DESCRIPTION****QUANTITY****RATE****AMOUNT**

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[Reimbursable Expenses: Description]

1.00

[\$[0.00]

[\$[0.00]

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**Subtotal:** \$[0.00]

**Tax ([0]%):** \$[0.00]

**Total:** \$[0.00]

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**Payment Terms:** [Net 30 Days]

**Wire/ACH Details:** Bank Name: [Name] | Account: [Number] | Routing: [Number]

Thank you for your business.