

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

INVOICE # [0000]
DATE: [Month Day, Year]
DUE DATE: [Month Day, Year]

BILL TO:

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

PROJECT/SERVICE:

[Project Name or ID]
[Brief Description of Transition Phase]

Description of Service	Hours/Qty	Rate	Total
[Consulting Service / Transition Oversight]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Implementation / Data Migration]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Training / Support Session]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
Balance Due: \$[0.00]

PAYMENT TERMS: Net [30] Days. Please make checks payable to [Company Name].

NOTES: Thank you for your business during this transitional period.