INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

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

ASSIGNMENT DETAILS:

Interim Professional: _____
Department: _____
Period: [Start Date] - [End Date]

Description of Services	Units / Hours	Rate	Total
Interim Management Services - Week 1	0.00	0.00	0.00
Interim Management Services - Week 2	0.00	0.00	0.00
Administrative / Placement Fee	1	0.00	0.00
Reimbursable Expenses (Attached)	-	-	0.00

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Agency Name]**.
Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Terms: Net [Number] Days.