

INVOICE

Invoice #: [0000]
Date: [Date]

[Consultant Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:
[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]
PAYMENT TERMS:
[e.g. Net 30]

DUE DATE:
[Date]

Description of Service	Hours	Rate	Amount
[Task Description]	0.00	\$0.00	\$0.00
[Task Description]	0.00	\$0.00	\$0.00
[Task Description]	0.00	\$0.00	\$0.00
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Subtotal:		\$0.00	
Tax (0%):		\$0.00	
Total Due:		\$0.00	

Notes / Payment Instructions:

Please make checks payable to [Consultant Name]. For bank transfers: [Account Details].