

# INVOICE

#INV-001

**Consultant Name / Firm**

Street Address  
City, State, Zip  
Email / Phone

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BILL TO

**Client Company Name**

Attn: Contact Person  
Street Address  
City, State, Zip

DETAILS

Invoice Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Project: \_\_\_\_\_

Description of Services	Hours	Rate	Amount
General Consulting - Phase I	0.00	\$0.00	\$0.00
Strategy Development & Research	0.00	\$0.00	\$0.00
Executive Reporting	0.00	\$0.00	\$0.00

Subtotal: \$0.00  
Tax (0%): \$0.00  
Total Amount: \$0.00

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PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Account Number] | Routing: [Routing Number]  
Please make checks payable to: [Business Name]