

FINANCIAL CONSULTANT

[Your Name/Company Name]

[Street Address]

[City, State, Zip]

[Email / Phone]

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]

[Client Company]

[Client Address]

Service Description	Hours	Hourly Rate	Total
[Service Name/Description]	0.00	\$0.00	\$0.00
[Service Name/Description]	0.00	\$0.00	\$0.00
[Service Name/Description]	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Your Name]. For wire transfers: Bank Name, Account #, Routing #.

Late payments are subject to a fee of [0]% per month.