

INVOICE

[Invoice Number]

Date: [Date]

[Consultant Name/Company]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO:

[Client Name]

[Client Company]

[Client Address]

PROJECT:

[Project Name/Reference]

Description of Services	Hours	Rate	Amount
[Service Item 1 Description]	0.00	\$0.00	\$0.00
[Service Item 2 Description]	0.00	\$0.00	\$0.00
[Service Item 3 Description]	0.00	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
Total Amount: \$0.00			

PAYMENT INSTRUCTIONS

Please make payment within [Number] days. Bank Transfer: [Account Details]