HCM Solutions Inc.

123 HR Professional Way
Business District, ST 54321
contact@hcmsolutions.example

INVOICE

Invoice #: ____________
Date: ____________
Due Date: ____________

BILL TO:

[Client Company Name]
[Client Address]
[City, State, Zip]
[Contact Email]

PROJECT/REFERENCE:

[Project Name/PO Number]

Description of HCM Services	Hours/Qty	Rate	Amount
Payroll Administration - [Period]			
Strategic HR Consulting			
Talent Acquisition & Sourcing			

Description of HCM Services	Hours/Qty	Rate	Amount
Compliance Audit & Training			

Subtotal: $0.00
Tax (0%): $0.00

Total: $0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to **HCM Solutions Inc.**
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Payment is due within 30 days of invoice date.