[IT Consulting Firm Name]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
PO Number: [PO-000]

BILL TO

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

PROJECT / PERIOD

Project: [Project Name/ID]
Billing Period: [Start Date] - [End Date]

Resource Name	Role/Skillset	Rate (Hr)	Hours	Total
[Staff Name]	Senior Full-Stack Developer	$[0.00]	[00.00]	$[0.00]
[Staff Name]	QA Automation Engineer	$[0.00]	[00.00]	$[0.00]
[Staff Name]	Project Manager	$[0.00]	[00.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT ([0]%): $[0.00]
Total Amount: $[0.00]

PAYMENT INSTRUCTIONS

Wire Transfer / ACH: [Bank Name] | Account: [00000000] | Routing: [000000000]
Payment Terms: Net [30] Days. Please make checks payable to [Company Name].