INVOICE

Certified Financial Planner (CFPÂ®) Consulting

Invoice #: [000]
Date: [MM/DD/YYYY]

From: [Consultant Name/Firm] [Mailing Address] [Phone Number] [Email Address]
Bill To: [Client Name] [Client Address] [Client Email]

Service Description	Hours/Qty	Rate	Total
Financial Plan Development & Analysis	0.00	$0.00	$0.00
Investment Portfolio Review	0.00	$0.00	$0.00
Retirement & Estate Planning Consultation	0.00	$0.00	$0.00
Tax Planning Strategy Session	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total Amount Due: $0.00

Payment Terms: Net 30. Please make checks payable to [Firm Name].
Wire Instructions: [Bank Name] | Routing: [Number] | Account: [Number]

Thank you for your business. Certified Financial Planner Board of Standards Inc. owns the certification marks CFPÂ®, CERTIFIED FINANCIAL PLANNERâ„¢ in the U.S.