CONSULTING INVOICE

[Your Consulting Firm Name]
[Address Line 1]
[Email / Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Company Name]
[Contact Name]
[Billing Address]
[Tax ID/VAT Number]

PROJECT DETAILS

Service Period: [Start Date] - [End Date]
Project Code: [Reference No.]
Payment Terms: [Net 30]

Description of Professional Services	Hours / Qty	Rate	Amount
Strategic Financial Planning & Forecasting	0.00	$0.00	$0.00
Corporate Risk Assessment & Capital Structure Analysis	0.00	$0.00	$0.00
Executive Advisory & Board Reporting	0.00	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Balance Due $0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name] | Account Name: [Name] | Account #: [00000000] | SWIFT/BIC: [Code]
Please include the Invoice Number as a reference for all wire transfers.

Thank you for your business.