

INVOICE

Project Management Consulting

Invoice #: [00001]

Date: [Month DD, YYYY]

CONSULTANT

[Your Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

[Client Company Name]

[Contact Person]

[Street Address]

[City, State, Zip]

Project / Task Description	Hours / Qty	Rate	Total
[Project Phase / Milestone Name]	0.00	\$0.00	\$0.00
[Strategic Planning / Consultation]	0.00	\$0.00	\$0.00
[Administrative / Expense Reimbursement]	1.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

PAYMENT TERMS

Please remit payment within [30] days of receipt. Make all checks payable to [Your Company Name].