

# CONSULTING INVOICE

[Consultancy Name]  
[Address Line 1]  
[City, State, Zip]

**Invoice #:** [000001]  
**Date:** [Date]  
**Due Date:** [Date]

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**BILL TO**

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

**PROJECT INFORMATION**

**Project:** [Project Name/Code]  
**PO Number:** [PO #]  
**Consultant:** [Name]

Description of Services	Hours/Qty	Rate	Amount
[Service Description - e.g., Strategic Planning]	0.00	\$0.00	\$0.00
[Service Description - e.g., Project Governance]	0.00	\$0.00	\$0.00
[Service Description - e.g., Milestone Review]	0.00	\$0.00	\$0.00

Subtotal: \$0.00  
Tax (0%): \$0.00  
Total Amount Due: \$0.00

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**Payment Instructions:**

Please make checks payable to [Consultancy Name] or wire to [Bank Details].  
Net [30] days. Thank you for your business.