

INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

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

PROJECT DETAILS

Project: [Project Name/Code]
Reference: [PO Number / Contract Ref]
Period: [Start Date] - [End Date]

Description of Services	Rate	Hours/Qty	Amount
[Service Name - e.g., Strategic Planning & Project Oversight]	[\$[0.00]]	[0.0]	[\$[0.00]]
[Service Name - e.g., Risk Assessment & Mitigation]	[\$[0.00]]	[0.0]	[\$[0.00]]

Description of Services	Rate	Hours/Qty	Amount
[Reimbursable Expenses - e.g., Travel/Materials]	[\$0.00]	[0.0]	[\$0.00]
<hr/>			
Subtotal: \$[0.00]			
Tax ([0] %): \$[0.00]			
Total Amount Due: \$[0.00]			
<hr/>			

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consulting Firm Name]**.
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Payment is appreciated within [Number] days of invoice date.