

INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Client:

[Client Name]
[Company Name]
[Address]
[Email]

Project Reference:

[Project Name/ID]
[Consultant Name]

Description of Services	Hours/Qty	Rate	Amount
Project Planning & Scope Definition	0.00	\$0.00	\$0.00
Stakeholder Management & Communications	0.00	\$0.00	\$0.00
Risk Assessment & Mitigation	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00

Total Due: \$0.00

Payment Terms: Net [30] days. Please make checks payable to [Consultancy Name].

Notes: Thank you for your business!