# CONSULTANT NAME

# INVOICE

# INV-001

**CONSULTANT**

Address Line 1
City, State, Zip
Email / Phone

**CLIENT**

Client Name / Company
Address Line 1
Date: [Date]

| SERVICE DESCRIPTION | HOURS/QTY | RATE | AMOUNT |
|---|---|---|---|
| Brand Strategy & Identity Discovery | 0 | $0.00 | $0.00 |
| Visual Identity Design (Logo, Palette, Type) | 0 | $0.00 | $0.00 |
| Brand Guidelines Documentation | 0 | $0.00 | $0.00 |

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

**PAYMENT INSTRUCTIONS**

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Please remit payment within 15 days of invoice date. Thank you for your business.