CONSULTANT

[Your Name / Business Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

INVOICE

Invoice #: _____
Date: _____
Project ID: _____

BILL TO

[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

PROJECT SITE

[Project Name]
[Site Address]
[Permit # / Reference]

Description of Services / Phase	Hours/Qty	Rate ($)	Total ($)
[Site Inspection / Technical Review]			
[Project Management / Consultation]			

Description of Services / Phase	Hours/Qty	Rate ($)	Total ($)
[Report Drafting / Permit Filing]			
[Travel / Reimbursable Expenses]			

Subtotal: $ _____
Tax / VAT: $ _____
BALANCE DUE: $ _____

Payment Terms: Net [30] Days. Please make checks payable to [Business Name].

Notes: All consulting services provided per the terms of the Independent Contractor Agreement dated [Date].