CONSULTING INVOICE

[Your Company Name]
[Registration Number]
[Street Address]
[City, State, Zip]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Client:

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

Project Reference:

[Project Name/Code]
[Site Address]
[Contract Reference]

DESCRIPTION OF SERVICES	UNITS/HRS	RATE	AMOUNT
[e.g., Preparation of Bill of Quantities]	[0]	[0.00]	[0.00]
[e.g., Progress Valuation & Certification]	[0]	[0.00]	[0.00]
[e.g., Final Account Negotiation]	[0]	[0.00]	[0.00]
[e.g., Site Meeting Attendance]	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0]%): [0.00]
Total Due: [0.00]

Payment Terms: [Net 30 Days]

Bank Details:
Bank: [Bank Name]
Account Name: [Name]
Account Number: [000000000]
SWIFT/Sort Code: [Code]