[Consulting Firm Name]

Safety Compliance & Risk Management
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Company Name]
[Contact Person]
[Client Address]
[Client Email]

PROJECT/SITE:

[Project Name/Location]
[PO Number / Reference]

Description of Services (OSHA/HSE/Audit)	Rate/Unit	Qty/Hrs	Total
[Service Description]	$0.00	0	$0.00
[Service Description]	$0.00	0	$0.00

Description of Services (OSHA/HSE/Audit)	Rate/Unit	Qty/Hrs	Total
[Reimbursable Expenses]	$0.00	1	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS & TERMS:

Please make checks payable to **[Consulting Firm Name]**.
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Net 30 days. Late fees may apply after due date.