[PARTNER NAME / CONSULTANCY]

INVOICE #0000
[DATE]

CONSULTANT

[Name]
[Street Address]
[City, State, Zip]
[Email]

CLIENT

[Client Company Name]
[Attn: Name]
[Street Address]
[City, State, Zip]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
[Service/Project Name Description]	0.00	$0.00	$0.00
[Service/Project Name Description]	0.00	$0.00	$0.00
[Reimbursable Expenses]	-	-	$0.00

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

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
Account: [Number]
Routing: [Number]
Due Date: [Net 15/30]