[CONSULTANT NAME]

INVOICE

[INVOICE-NUMBER]

From: [Your Name/Business]
[Street Address]
[City, State, Zip]
[Email/Phone]

Date: [MM/DD/YYYY]

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

Due Date: [MM/DD/YYYY]

Description of Services	Hours/Qty	Rate	Amount
[Service Item 1 Description]	0.00	$0.00	$0.00
[Service Item 2 Description]	0.00	$0.00	$0.00
[Expenses/Reimbursements]	-	-	$0.00

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

Payment Instructions: [Bank Name / Account Number / Transfer Details]

Notes: [Thank you for your business. Please remit payment within 30 days.]