

CONSULTANT NAME

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

FROM

[Your Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

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

SERVICE DESCRIPTION	HOURS	RATE	TOTAL
Strategic Consulting - [Phase I]	0.00	\$0.00	\$0.00
Technical Implementation	0.00	\$0.00	\$0.00
Specialist Review & Reporting	0.00	\$0.00	\$0.00
Subtotal \$0.00			
Tax (0%) \$0.00			
Amount Due \$0.00			

PAYMENT TERMS

Please make checks payable to [Consultant Name] or via bank transfer to [Account Details]. Payment is due within [30] days of invoice date.