

INVOICE

[Consultant/Agency Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

BILL TO:

[Client Name]

[Company Name]

[Client Address]

[Client Email]

PROJECT:

[Project Name/ID]

[PO Number]

Service Description	Hours	Hourly Rate	Total
[Technical Architecture Review]	0.00	\$0.00	\$0.00
[Software Development / Coding]	0.00	\$0.00	\$0.00
[System Integration & Testing]	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Balance Due: \$0.00

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Please make checks payable to: [Payee Name]

Thank you for your business.