

CONSULTANT NAME

INVOICE

#INV-001
Date: [Date]

FROM

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

BILL TO

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

SERVICE DESCRIPTION	AMOUNT
[Project Phase/Milestone Name] [Description of deliverables]	\$0.00
[Project Phase/Milestone Name] [Description of deliverables]	\$0.00
Subtotal	\$0.00
Tax (0%)	\$0.00
Total Due	\$0.00

PAYMENT INSTRUCTIONS

Please make payment via [Bank Transfer/Check/Online Portal] within [X] days.
Account Name: [Name] | Account No: [Number] | Routing: [Number]