

[CONSULTANT/FIRM NAME]

INVOICE

[0000]
[Date]

FROM

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

BILL TO

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

PROJECT

[Project Title / Description]

Milestone / Deliverable Description	Completion Date	Fixed Fee Amount
[Phase 1: Discovery & Strategy]	[MM/DD/YYYY]	\$0.00
[Phase 2: Implementation & Development]	[MM/DD/YYYY]	\$0.00
[Phase 3: Testing & Handover]	[MM/DD/YYYY]	\$0.00
Subtotal		\$0.00
Tax (0%)		\$0.00
Total Due		\$0.00

Payment Terms: Due within [X] days via [Bank Transfer/Check/Other].

Notes: Thank you for your business. Please reach out if you have any questions regarding this invoice.