INVOICE

[Consultant/Company Name]
[Tax ID / VAT Number]
[Business Address]
[City, Country, Post Code]

Invoice #: [00001]
Date: [Day/Month/Year]
Due Date: [Day/Month/Year]

Bill To:

[Client Company Name]
[Client Contact Person]
[Client Address]
[Client Country / VAT ID]

Project Reference:

[Project Name/Code]
[Purchase Order #]

DESCRIPTION OF TECHNICAL SERVICES	HOURS/UNITS	RATE ([CURRENCY])	AMOUNT
[Service Description - e.g., Cloud Architecture Audit]	[0.00]	[0.00]	[0.00]
[Service Description - e.g., Technical Implementation]	[0.00]	[0.00]	[0.00]
[Reimbursable Expenses / Travel]	[1]	[0.00]	[0.00]

Subtotal: [0.00]

Tax / VAT ([0]%): [0.00]

Total Amount Due: [Currency] [0.00]

Payment Information (International Wire):

Bank Name: [Bank Name]
SWIFT/BIC: [Code]
IBAN: [Number]
Account Holder: [Name]

Terms: Please include Invoice # in payment reference. Late payments may be subject to [0]% monthly interest.