

INVOICE

[Your Consulting Name]

[Street Address]

[City, State, Zip]

[Email / Phone]

INVOICE NUMBER [INV-001]

DATE [MM/DD/YYYY]

DUE DATE [MM/DD/YYYY]

BILL TO **[Client Company Name]**

[Contact Person]

[Street Address]

[City, State, Zip]

PROJECT [QA Strategy & Test Automation]

Description	Qty/Hours	Rate	Amount
[Service Name: e.g., QA Audit & Process Review]	[0.00]	[\$0.00]	[\$0.00]
[Service Name: e.g., Automation Framework Development]	[0.00]	[\$0.00]	[\$0.00]
[Service Name: e.g., Manual Regression Testing]	[0.00]	[\$0.00]	[\$0.00]
Subtotal: [\$0.00]			
Tax: [\$0.00]			
Total: [\$0.00]			

PAYMENT INSTRUCTIONS

Please make checks payable to **[Your Name]** or pay via Bank Transfer: **[Account Info]**.

Thank you for your business.