CONSULTANT TIMESHEET INVOICE

INVOICE #
DATE

CONSULTANT DETAILS

Name:

Email:

Project:

BILL TO

Client Name:

Address:

Billing Period:

Date	Description of Services / Tasks	Hours	Rate	Amount

Date	Description of Services / Tasks	Hours	Rate	Amount

Total Hours: _____
Subtotal: $ _____
Tax: $ _____
Grand Total: $ _____

PAYMENT INSTRUCTIONS
Bank / Wire Details:

Terms: Net 30 Days. Please make checks payable to the consultant name listed above.