

[Consultant Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

No: [Invoice #]
Date: [MM/DD/YYYY]

BILL TO:

[Client Name/Company]

[Street Address]
[City, State, Zip]

PAYMENT TERMS:

Due on Receipt / Net [30] days

REFERRAL REFERENCE:

[Project Name or Referral ID]

Description	Referral Basis	Rate (%)	Amount
Referral Fee for [New Client Name]	[Contract Value / Project Total]	[0.00]%	\$0.00

Subtotal: \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS:

Bank: [Bank Name]
Account: [Number]
Routing: [Number]

Thank you for your business referral.