INVOICE

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

Invoice #: [00001]

Date: [Date]

Due Date: [Date]

BILL TO

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

PROJECT DETAILS

Project: [Project Name/ID]

Billing Period: [Start Date - End Date]

Description of Services	Staff/Role	Hours	Hourly Rate	Total
[Task Description Name]	[Name/Title]	[0.00]	$[0.00]	$[0.00]
[Task Description Name]	[Name/Title]	[0.00]	$[0.00]	$[0.00]

Description of Services	Staff/Role	Hours	Hourly Rate	Total
[Task Description Name]	[Name/Title]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Total Due: $[0.00] [USD]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Your Company Name]**. For wire transfers, use: [Bank Name] | Acc: [Number] | Routing: [Number]. Payment is due within [X] days of invoice date.