INVOICE

[Company Name]
[Address]
[Email/Phone]

Invoice #: _____
Date: _____
Project: _____

Bill To:

[Client Name]
[Client Address]

Performance Period:
[Start Date] to [End Date]

Description of Reimbursable Costs	Quantity/Hours	Rate/Unit	Amount
Direct Labor			
Fringe Benefits ([%])			
Materials & Equipment			
Travel & Subcontractors			
Overhead / G&A ([%])			

Total Actual Costs: $ _____

Fixed Fee ([%] of Base): $ _____

TOTAL AMOUNT DUE: $ _____

Notes: