INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

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

Description of Services	Hours/Qty	Rate	Amount
[Service Name - e.g. Strategic Planning]	[0.0]	$[0.00]	$[0.00]
[Service Name - e.g. Operational Audit]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

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

Total Due: $[0.00]

Payment Instructions:
Please make checks payable to [Consulting Firm Name].
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business!