

[Consultant Name/Firm]

[Business Address]

[City, State, Zip]

[Email/Phone]

INVOICE

BILL TO:

[Client Name]

[Client Company]

[Client Address]

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

Service Description	Hours	Hourly Rate	Total
[Consulting Task Name/Project Phase]	0.00	\$0.00	\$0.00
[Consulting Task Name/Project Phase]	0.00	\$0.00	\$0.00
[Travel/Reimbursable Expenses]	-	-	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to: [Consultant Name]

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

Thank you for your business.