INVOICE

[Specialist Name, CHRS]
[Business Address]
[City, State, Zip]
[Email / Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name / Company]
[Attn: Department]
[Client Address]
[City, State, Zip]

Service Description	Hours/Qty	Rate	Amount
[HR Consulting / Recruitment / Audit]	[0.00]	$[0.00]	$[0.00]
[Policy Development / Compliance]	[0.00]	$[0.00]	$[0.00]
[Employee Relations / Training]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total Amount Due: $[0.00]

Payment Instructions: [Bank Name / Account # / Wire Details]

Notes: Thank you for your business. Certified Human Resources Specialist License: [License #].