INVOICE

HR Specialist Services

Invoice #: [000]

Date: [MM/DD/YYYY]

FROM:
[Your Name/Consultancy]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:
[Client Company Name]
[Attn: HR Department]
[Street Address]
[City, State, Zip]

DESCRIPTION OF HR SERVICES	HOURS/QTY	RATE	AMOUNT
[e.g., Talent Acquisition & Recruitment]	[0.00]	$[0.00]	$[0.00]
[e.g., Employee Relations Consulting]	[0.00]	$[0.00]	$[0.00]
[e.g., Policy Development & Compliance]	[0.00]	$[0.00]	$[0.00]

Subtotal:	**$[0.00]**
Tax:	**$[0.00]**
Total Due:	**$[0.00]**

Payment Terms: Net [30] Days

Notes: Please include invoice number with your ACH or Check payment.