INVOICE

[Consultant Name/Agency]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:
[Client Company Name]
[Contact Person]
[Address Line 1]
[Address Line 2]

Service Description (Employee Relations)	Hours/Qty	Rate	Total
Workplace Investigation: [Case ID/Reference]	[0.0]	$[0.00]	$[0.00]
Conflict Resolution / Mediation Session	[0.0]	$[0.00]	$[0.00]
Policy Review & Compliance Consultation	[0.0]	$[0.00]	$[0.00]
Management Training: [Topic Name]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

GRAND TOTAL: $[0.00]

Payment Terms: [Net 30/Due on Receipt]

Payment Method: [Bank Transfer/Check/Electronic]

Thank you for your business.