[Your Name]
HR Consultant / Specialist
[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

No: [Invoice #]
Date: [Date]

BILL TO:
[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]
PAYMENT DETAILS:
Due Date: [Date]
Project: [Project Name/ID]
Payment Method: [Bank Transfer/PayPal/etc]

HR Service Description	Rate	Qty/Hours	Total
[Service: e.g., Recruitment, Policy Audit]	$[0.00]	[0]	$[0.00]
[Service: e.g., Employee Relations Consulting]	$[0.00]	[0]	$[0.00]
[Service: e.g., Monthly Retainer]	$[0.00]	[0]	$[0.00]

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

Amount Due: $[0.00]

Notes:

Thank you for your business. Please include the invoice number with your payment.

Terms:

Please pay within [X] days of invoice date. Late payments may be subject to a [0]% fee.