[Your Name/Business Name]

HR Benefits Consulting Specialist
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

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

BILL TO

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

PROJECT / REFERENCE

[e.g., Annual Open Enrollment Support /
Q3 Benefits Audit]

Description of Services	Hours/Qty	Rate	Amount
Plan Design & Vendor Negotiation	0.00	$0.00	$0.00
Employee Benefits Communication/Onboarding	0.00	$0.00	$0.00
Compliance Audit (ERISA/ACA/COBRA)	0.00	$0.00	$0.00

Description of Services	Hours/Qty	Rate	Amount
Claims Analysis & Reporting	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (if applicable): $0.00
Total Amount: $0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Your Name]**.
Wire/ACH Transfer: [Bank Name] | Acct: [XXXXXXXX] | Routing: [XXXXXXXX]
Thank you for your business.