

# INVOICE

Consultant Name/Agency  
Address Line 1  
City, State, Zip

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

**BILL TO:**

Client Name  
Company Name  
Address Line 1  
City, State, Zip

**BILLING PERIOD:**

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Description	Amount
Monthly Retainer Fee - Strategic Consulting Services	\$ 0.00
Overage / Additional Hours (if applicable)	\$ 0.00
Subtotal:	\$ 0.00
Tax (0%):	\$ 0.00
<b>Total Due:</b>	<b>\$ 0.00</b>

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**PAYMENT INSTRUCTIONS:**

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business.*