CONSULTING INVOICE

[Your Name/Firm Name]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

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

PROJECT:

[Project Name / ID]
[Purchase Order #]

DESCRIPTION OF SERVICES / COMPONENT SPECS	HOURS/QTY	RATE	AMOUNT
[e.g., PCB Layout & Schematic Design - Revision A]	[0.00]	$[0.00]	$[0.00]
[e.g., Firmware Development & Integration]	[0.00]	$[0.00]	$[0.00]

DESCRIPTION OF SERVICES / COMPONENT SPECS	HOURS/QTY	RATE	AMOUNT
[e.g., Prototype Assembly & Lab Testing]	[0.00]	$[0.00]	$[0.00]

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

Payment Instructions:
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Checks payable to: [Name/Firm Name]

Thank you for your business. Please reach out for any technical inquiries regarding this billing cycle.