

# [Your Firm Name]

# CONSULTATION FEE INVOICE

**Bill To:**

[Client Name]  
[Client Company]  
[Client Address Line 1]  
[Client Address Line 2]  
[Client Contact Email/Phone]

**Invoice #:** [XXXX]

**Date of Issue:** [YYYY-MM-DD]

**Due Date:** [YYYY-MM-DD]

**Advisor:** [Advisor Name]

**Service Period:** [Start Date] – [End Date]

Description	Hours	Rate	Amount
[Consultation Type/Details]	[x]	[Currency][Rate]	[Currency][Amount]
[Additional Service]	[x]	[Currency][Rate]	[Currency][Amount]

Subtotal: [Currency][Subtotal]

Tax ([%]): [Currency][TaxAmount]

**Total Due:** [Currency][Total]

**Payment Instructions:**

[Bank Account Name]  
[Bank Name and Address]  
[Account Number / IBAN]  
[SWIFT / BIC]  
[Other Payment Methods, if any]

Thank you for choosing [Your Firm Name]. If you have any questions about this invoice, please contact [Contact Information].