

[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].