

Your Company Name

123 Consulting St.
Suite 200
City, State ZIP
Phone: (000) 123-4567
Email: info@company.com
Invoice #: INV-0001
Date Issued: 2024-06-26
Due Date: 2024-07-10

Billed To

Client Company Name
456 Client Ave.
3rd Floor
City, State ZIP
Contact: client@business.com

Consulting Services Provided

Date	Description	Hours	Rate	Total
2024-06-07	Business Process Assessment	5	\$150	\$750
2024-06-08	Strategy Session	3	\$150	\$450
2024-06-12	Implementation Support	4	\$150	\$600

Subtotal	\$1,800
Sales Tax (6%)	\$108
Total	\$1,908
Amount Paid	\$0
Balance Due	\$1,908

Notes / Payment Instructions

Thank you for your business. Please make payment by the due date. Wire transfer information: Bank: Consultant Bank Account #: 123456789 Routing #: 987654321
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If you have any questions about this invoice, please contact us at info@company.com.