

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

If you have any questions about this invoice, please contact us at info@company.com.