

# Consulting Firm Invoice

**Firm Name**

Address Line 1  
Address Line 2  
City, State ZIP  
Phone: (xxx) xxx-xxxx  
Email: info@consultingfirm.com

**Bill To:**

Client Name  
Company Name  
Address Line 1  
City, State ZIP  
Email: client@email.com

Invoice #	000123	Date	YYYY-MM-DD
Project	Project Description	Due Date	YYYY-MM-DD
Description	Hours	Rate	Amount
Consulting Service 1	10	\$150	\$1,500
Consulting Service 2	5	\$150	\$750
Additional Service	2	\$100	\$200

Subtotal:  
\$2,450  
Tax (10%):  
\$245  
**Total:**  
**\$2,695**

**Notes / Payment Terms**

Payment is due within 30 days of invoice date. Please make checks payable to Consulting Firm.

Thank you for your business.