

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.