

Consulting Firm Name

123 Consulting St.

City, State, ZIP

Email: info@consulting.com

Phone: (123) 456-7890

INVOICE

Date: _____

Invoice #: _____

Bill To

Client Name

Client Company

456 Client Ave.

City, State, ZIP

Email: client@email.com

Project

Project Name

Project Reference / PO#: _____

| Description | Hours | Rate | Amount |
|----------------------|-------|-------|--------|
| Consulting Service 1 | _____ | _____ | _____ |
| Consulting Service 2 | _____ | _____ | _____ |

Subtotal _____

Tax _____

Total _____**Notes**

Thank you for your business.

Payment is due within 30 days of invoice date.

Make all checks payable to **Consulting Firm Name**.