

**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**.