

Company Name

123 Main Street
City, State ZIP
Email: info@company.com

Invoice #: 0001

Date: 2024-06-21

Due Date: 2024-07-21

Timesheet-Based Billing Invoice

Billed To:

Client Name
Client Company
456 Client Address
Email: client@email.com

Date	Consultant	Task/Description	Hours	Rate	Amount
2024-06-05	Jane Doe	Design Review Meeting	2	\$80.00	\$160.00
2024-06-06	Jane Doe	Development	5	\$80.00	\$400.00
2024-06-08	John Smith	Testing & QA	3	\$70.00	\$210.00

Note: Thank you for your business. Payment is due within 30 days from the invoice date.

Please make payment to:

Company Name, Bank Details, or Payment Link.

Subtotal \$770.00

Tax (0%) \$0.00

Total **\$770.00**