

[Your Company Name]

[Your Address Line 1]
[Your Address Line 2]
[City, State ZIP]
[Phone]â€,[â€,[Email]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Billed To

[Client Name]
[Client Company]
[Client Address Line 1]
[Client Address Line 2]
[City, State ZIP]

Services

Description	Date	Hours	Rate	Amount
[Service Description]	[MM/DD/YYYY]	[]	[]	[]
[Service Description]	[MM/DD/YYYY]	[]	[]	[]
Subtotal				[]
Tax				[]
Total Due				[]

Notes

[Add any additional notes or terms here]

Consultant Signature

Date: _____
Client Signature

Date: _____