

PROJECT-BASED CONSULTING INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Consultant

Name: _____
Company: _____
Address: _____
Email: _____
Phone: _____

Bill To

Name/Company: _____
Address: _____
Email: _____
Phone: _____

Project Description	Hours	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal	_____
Tax	_____
Total	_____

Notes / Payment Instructions

