

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
