

Consulting Fee Invoice

From
(Consultant): _____

Address: _____

Email: _____

Phone: _____

To (Client): _____

Address: _____

Email: _____

Phone: _____

Invoice Number: _____

Date: _____

Project / Service Description:

Fee Details

Description	Qty/Hours	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal			_____
Tax			_____
Total			_____

Payment Terms:

Bank/Payment Details:

Consultant Signature & Date