

INVOICE

Consulting Firm Name

Address Line 1

Address Line 2

Phone:

Email:

Invoice # _____**Date:** _____**Due Date:** _____**BILL TO**

Client Name

Client Company Name

Address Line 1

Address Line 2

PAYMENT INFO

Bank Name / Payment Method

Account No:

SWIFT / IBAN:

| DESCRIPTION | HOURS/QTY | RATE | AMOUNT |
|--------------------|-----------|------|--------------|
| Consulting Service | | | |
| | | | Subtotal |
| | | | Tax |
| | | | Total |

NOTES

Thank you for your business. Payment is due within ____ days.
Please include the invoice number on your payment.