

# Sales Invoice

Consultant/Business Name

Address

City, State, ZIP

Email / Phone

Invoice #:

Date:

Due Date:

## Bill To

Client Name

Client Address

Client City, State, ZIP

## Description of Services

Description	Qty	Rate	Amount
Service description			

Subtotal

Tax

**Total Due**

## Notes / Payment Instructions

Thank you for your business. Please make payment by the due date.

Authorized Signature