

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
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Service description			
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Subtotal

Tax

Total Due

Notes / Payment Instructions

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

Authorized Signature