

Consulting Invoice Draft

From:

[Specialist/Consultant Name]
[Company Name, if applicable]
[Address Line 1]
[Address Line 2]
[City, State ZIP]
[Phone Number]
[Email Address]

To:

[Client Name / Company]
[Contact Person, if any]
[Client Address Line 1]
[Client Address Line 2]
[City, State ZIP]
[Client Phone Number]
[Client Email Address]

Invoice #: [XXXX]
Date: [YYYY-MM-DD]
Due Date: [YYYY-MM-DD]

Payment Method: [Bank Transfer / Check / Etc]

Consulting Services

Description	Units	Rate	Amount
[Service Description 1]	[Hours/Days]	[Rate]	[Amount]
[Service Description 2]	[Hours/Days]	[Rate]	[Amount]
		Subtotal	[Subtotal]
		Tax [X%]	[Tax Amount]
		Total Due	[Total Amount]

Notes or Special Instructions

[Enter additional information, special conditions, or instructions here.]

Thank you for your business!