

Your Company Name

Address Line 1

Address Line 2

City, State ZIP

Email: info@company.com

Phone: (123) 456-7890

INVOICE**Billed To:**

Client Name

Client Company

Client Address

City, State ZIP

Invoice #: 0001**Date:** YYYY-MM-DD**Due Date:** YYYY-MM-DD**Project:** Project Name

Description	Hours	Rate	Amount
Consulting Phase 1	20	\$100	\$2,000
Consulting Phase 2	15	\$100	\$1,500
Final Report	5	\$150	\$750

Subtotal
\$4,250Tax (0%)
\$0**Total Due**
\$4,250**Notes:**

Thank you for your business.

Payment is due within 30 days. Please include the invoice number on your check or online payment.