

Consulting Invoice

Invoice #: _____
Date: _____ / _____ / _____

From:

Expert Name / Consulting Firm
Address Line 1
Address Line 2
Email: _____
Phone: _____

To:

Client Name / Company
Address Line 1
Address Line 2
Email: _____
Phone: _____

Description	Hours	Rate	Amount
Consulting Service 1	—	—	—
Consulting Service 2	—	—	—
Subtotal _____			
Tax _____			
Total _____			

Payment Terms: Due within _____ days

Notes:

Thank you for your business.

Consultant's Signature

Client's Signature