

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