

Consulting Invoice

Invoice #

00123

Date

Due Date

Agency Name

Agency Name

Agency Address

Street, City, ZIP

Client Name

Client Name

Client Address

Street, City, ZIP

Services Provided

Description of Service	Hours/Qty	Rate	Amount
e.g. Consulting Service A	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.g. Consulting Service B	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal			<input type="text"/>
Tax (%)			<input type="text"/>
Total			<input type="text"/>

Additional Notes

Payment terms, thank you note, etc.

Authorized Signature (Agency)

Date