

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			
e.g. Consulting Service B			
Subtotal			
Tax (%)			
Total			

Additional Notes

Payment terms, thank you note, etc.

Authorized Signature (Agency)

Date