

Detailed Hourly Fee Invoice

Invoice #: INV-0001

Date: 2024-06-30

Due Date: 2024-07-14

Status: Unpaid

Bill To

[Client Name]
[Client Company]
[Client Address Line 1]
[Client Address Line 2]
[Client Email]

Consultant

[Consultant Name]
[Consultant Firm/Company]
[Consultant Address Line 1]
[Consultant Address Line 2]
[Consultant Email]

Service Details

Date	Description	Hours	Rate	Total
2024-06-01	Project Kickoff Meeting	2	\$150	\$300
2024-06-03	Research & Analysis	3.5	\$150	\$525
2024-06-08	Report Preparation	2	\$150	\$300
2024-06-10	Client Review Meeting	1.5	\$150	\$225

Subtotal	\$1,350
Taxes (0%)	\$0
Total Due	\$1,350

Notes:
Thank you for your business. Payment is due within 14 days of the invoice date. Please remit payment to the bank account provided below.

Bank Details:
Account Name: [Consultant Name/Company]
Account Number: [XXXX-XXXX-XXXX]
Bank Name: [Bank Name]
Routing Number: [XXXXXXX]