

Consulting Services Invoice

Date: _____

Invoice #: _____

Consultant Information Name: _____ Company: _____ Email: _____ Phone: _____	Client Information Name: _____ Company: _____ Email: _____ Phone: _____
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Consulting Services

Date	Description of Service	Hours	Rate/Hour	Line Total
_____	_____	_____	\$ _____	\$ _____

Travel Expenses

Date	Description	Cost	Receipt Attached
_____	_____	\$ _____	Yes / No

Subtotal (Services):	\$ _____
Subtotal (Travel):	\$ _____
Tax (if applicable):	\$ _____
<u>TOTAL DUE:</u>	\$ _____

Payment Instructions

Please remit payment to:

Bank Name: _____

Account Name: _____

Account Number: _____

Other Instructions: _____

Thank you for your business!