

# Consulting Services Invoice

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

## Consultant Information

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

## 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):	\$ _____
<b>TOTAL DUE:</b>	<b>\$ _____</b>

## Payment Instructions

Please remit payment to:

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

*Thank you for your business!*