

Professional Service Invoice

Service Provider:

Company Name
Address Line 1
Address Line 2
Phone: (xxx) xxx-xxxx
Email: provider@email.com

Invoice #: INV-0001**Date:** 2024-06-23**Bill To:**

Client Name
Client Address 1
Client Address 2
Phone: (xxx) xxx-xxxx
Email: client@email.com

Due Date: 2024-07-07

Description of Service	Hours / Qty	Rate	Amount
Consultation and Planning	10	\$100	\$1,000
Project Implementation	15	\$120	\$1,800
Follow-Up Review	3	\$100	\$300
Subtotal			\$3,100
Sales Tax (5%)			\$155
Total Due			\$3,255

Payment Terms

- Payment due within **14 days** from invoice date.
- Late payment may incur interest at 1.5% per month.
- Payments accepted via bank transfer, check, or online payment service.
- Please include the invoice number as payment reference.

Authorized Signature: _____**Date:** _____

This professional service invoice form sample provides a clear and organized template to streamline your billing process. It includes detailed payment terms to ensure timely and accurate transactions between service providers and clients. Designed for efficiency, it helps maintain transparency and professionalism in your invoicing practices.