|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [CONCULTANT INFO] | | | INVOICE | |
| STREET ADDRESS  CITY, ST ZIP CODE  PHONE  FAX | DATE  INVOICE# | | | |
| **BILL TO**  NAME  COMPANY NAME  ADDRESS  CITY, ST ZIP CODE  PHONE | FOR: [PROJECT OR SERVICE DESCRIPTION] | | | |
| **DESCRIPTION** | **HOURS** | **RATE** | | **AMOUNT** |
| SAMPLE DESCRIPTION | 2 | 150 | | $300.00 |
|  |  |  | | $- |
|  |  |  | | $- |
|  |  |  | | $- |
|  | | SUBTOTAL | | $300.00 |
| TAX RATE | | 5% |
| SALES TAX | | 15.00 |
| OTHER | | 50.00 |
| **TOTAL** | | $365.00 |

OTHER SERVICES

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **UNITS** | **RATE** | **AMOUNT** |
| SAMPLE SERVICE DESCRIPTION | 1.00 | $100.00 | $100.00 |
|  | | SUB TOTAL | $100.00 |
| TAX RATE | 5% |
| SALES TAX | 5.00 |
| OTHER | 50.00 |
| TOTAL | $155.00 |
| **INVOICE TOTAL TO PAY** | $520.00 |

THANK YOU FOR YOUR BUSINESS