|  |  |
| --- | --- |
| [CONCULTANT INFO] | INVOICE |
| STREET ADDRESSCITY, ST ZIP CODE PHONEFAX |  DATE INVOICE# |
| **BILL TO** NAME COMPANY NAME ADDRESSCITY, ST ZIP CODEPHONE |  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