|  |  |
| --- | --- |
| **YOUR LOGO HERE** | INVOICE |
| **INVOICE NUMBER** |  | **DATE:** |  | **CLIENTID****NUMBER** |  |
| COMPANY NAME  |  |
| STREET ADDRESS |  |
| CITY/TOWN/ZIP CODE |  |
| PHONE/FAX |  |
| E-MAIL |  |
| CLIENT DETAILS |  |
|  | NAME OF CLIENT COMPANY |  |
|  | ADDRESS LINE 1 |  |
|  | CITY/TOWN/ZIP CODE |  |
|  | TELEPHONE NUMBER |  |
|  | EMAIL ADDRESS  |  |
| ITEMIZED ESTIMATE TIME AND MATERIALS | TAXABLE AMOUNT | TOTAL AMOUNT |
| FEES FOR CONSULTING SERVICES |  |  |
| PER UNIT RATE |  |  |
| NUMBER OF UNITS COMPLETED |  |  |
| VAT AMOUNT |  |  |
| TOTAL AMOUNT DUE |  |  |
|  | VALUE 1 | $ |
| **MISCELLANEOUS**: PAYMENT MUST BE MADE BY [DATE]\_\_\_\_\_\_\_\_\_\_\_ OF [MONTH] \_\_\_\_\_\_\_\_\_\_\_. THIS INVOICE ID NUMBER MUST BE MENTIONED IN THE CHEQUE ADDRESSED | TAXES ADDED | $ |
| RATE OF TAX% | $ |
| TAX AMOUNT | $ |
| OTHER ADDITIONS | $ |
| TOTAL AMOUNT | $ |
| SIGNATURE OF PERSONNEL: |

IN CASE OF ANY QUERIES PLEASE CONTACT OUT STAFF AT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_@HMAIL.COM, OR VISIT OUR WEBSITE [WEBSITE LINK]. YOU CAN ALSO VISIT OUR OFFICE AT [ADDRESS] FROM[TIME] TO [TIME].