|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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].