CONSULTING INVOICE

|  |  |
| --- | --- |
| BILL FROM  | BILL TO  |
| NAME  |  | NAME  |  |
| COMPANY NAME |  | COMPANY NAME  |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY, ST ZIP CODE |  | CITY, ST ZIP CODE |  |
| PHONE |  | PHONE |  |

|  |  |  |
| --- | --- | --- |
| INVOICE NO. | INVOICE DATE: | DUE DATE: |

|  |  |  |  |
| --- | --- | --- | --- |
| CONSULTANCY SERVICES CARRIED OUT FOR: | QUANTITY/HOURS | PRICES ($) | TOTAL ($) |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | **SUBTOTAL** |  |
| **SALES TAX** |  |
| **OTHER** |  |
| **TOTAL** |  |

**TERMS AND CONDITIONS**

 THANK YOU FOR YOUR BUSINESS. PLEASE SEND PAYMENT WITHIN \_\_\_\_\_\_\_\_\_ DAYS OF RECEIVING THIS INVOICE. THERE WILL BE A \_\_\_\_\_\_\_\_\_% PER\_\_\_\_\_\_\_\_\_\_\_ON LATE INVOICES.