SAMPLE CONSULTING TEMPLATE

CONSULTING INVOICE

STREET ADDRESS

CITY, ST ZIP CODE

PHONE DATE:

WEB ADDRESS INVOICE #:

|  |  |
| --- | --- |
| REQUISITION #  WORK ORDER #  P.O#  TERMS# |  |

BILL TO :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DESCRIPTION** | **TAXABLE** | **QUANTITY** | | **UNIT PRICE** | **LINE TOTAL** |
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|  | | | | SUBTOTAL | - |
| PST 8.00% | - |
|  | | | | | |
| NOTES: | | | **TOTAL** | | - |
| **PAID** | | - |
| **TOTAL DUE** | | - |

THANK YOU FOR YOUR BUSINESS!