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# Consulting Services Invoice

**[Your Company Name]**

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Website, if applicable]

**Invoice Number:** [Unique Invoice Number]

**Invoice Date:** [Date of Invoice]

**Due Date:** [Due Date for Payment]

**Bill To**

**[Client's Name/Company Name]**

[Client's Address]

[City, State, Zip Code]

[Client's Phone Number]

**Itemized List of Services**

Description	Hours	Rate per Hour	Total Price
[Service Description]	[Hrs]	[Hourly Rate]	[Total]
[Service Description]	[Hrs]	[Hourly Rate]	[Total]

**Subtotal:** \$[Subtotal Amount]

**Tax (if applicable):** \$[Tax Amount]

**Total Due:** \$[Total Amount Due]

**Payment Terms:** Due within 30 days. Late fees of [x%] apply after this period.