
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.