|  |  |
| --- | --- |
| Phone Number | Website |
| Fax Number | Street Address |
| Email Address | City, State, ZIP |



**Consulting**

**INVOICE**

Consultant Name

|  |  |  |
| --- | --- | --- |
| BILL TO |  | Name: |
| Invoice Number: |  | Street: |
| Date of Service: |  | City, State, ZIP: |
| Due Date: |  | Phone: |

INVOICE TOTAL

$0.00

|  |
| --- |
| Services |
| Hours | **Description** | **$ / Hour** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Service Total** |  |
| Other Charges |
| Quantity | **Description** | **Unit Price** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total Labor** |  |
|  |  | Subtotal |  |
|  |  | Sales Tax |  |
| Payment is due within # \_\_\_ of days. | **TOTAL** |  |
| Comments or Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |