

# CONSULTING INVOICE



## BILL TO

Name:

INVOICE TOTAL

Invoice Number:

Street:

Date:

City, State, ZIP:

Customer ID:

Phone:

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### Services

Hours	Description	\$ / Hour	Amount
		Service Total	

### Other Charges

Quantity	Description	Unit Price	Amount

Comments or Special Instructions:

Other Total

Subtotal

Sales Tax

Payment is due within # \_\_\_\_ of days.

**TOTAL**