

# CONSULTING INVOICE

PROFESSIONAL ADVISORY SERVICES — TIME & FEES

INVOICE NO.

ISSUE DATE

DUE / VALID UNTIL

## 1 BILLING PARTIES

FROM / CONSULTANT

BUSINESS / FULL LEGAL NAME

FULL MAILING ADDRESS

PHONEEMAIL

BILL TO / CLIENT

BUSINESS / FULL LEGAL NAME

FULL MAILING ADDRESS

PHONEEMAIL

## 2 INVOICE DETAILS

ENGAGEMENT / PROJECT

PO / REFERENCE NO.

SERVICE PERIOD

TAX ID / EIN

## 3 ITEMIZED CHARGES

| DATE | CONSULTING ACTIVITY | HOURS | RATE | AMOUNT |
|------|---------------------|-------|------|--------|
|      |                     |       |      |        |
|      |                     |       |      |        |
|      |                     |       |      |        |
|      |                     |       |      |        |
|      |                     |       |      |        |
|      |                     |       |      |        |

## 4 TOTAL & PAYMENT

NOTES & PAYMENT

EXPENSE DETAILS / ENGAGEMENT NOTES

PAYMENT TERMS

REMITTANCE / PAYMENT METHOD

AUTHORIZED SIGNATUREDATE

TOTALS

SUBTOTAL

DISCOUNT

TAX

SHIPPING / EXPENSES

TOTAL

AMOUNT PAID

BALANCE DUE