

# Consultancy Invoice

**Mailing Info** [Street Address]  
[City, State, Zip]  
[Phone]  
[Fax]  
[Email]  
[Web]

**BillingInfo** [Name]  
[Customer ID]  
[Street Address]  
[City, State, Zip]  
[Phone]  
[Email]

Hourly Services Description	Hours	Rate	Amount

## Connents/Instructions

Payment Due Date:  
Make All Checks Payable to Company Name

Sub Total	
Tax Rate	
Tax Amount	
Total	