

# QUALITY ASSURANCE CONSULTANT

Quality Control & Testing Services

## INVOICE

### CONSULTANT INFO

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Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

PO Number: \_\_\_\_\_

### BILL TO

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### PROJECT DETAILS

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DESCRIPTION OF QA SERVICES / DELIVERABLES	HOURS / QTY	RATE	LINE TOTAL
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Subtotal \_\_\_\_\_

Tax / VAT \_\_\_\_\_

**Total Due** \_\_\_\_\_

### PAYMENT TERMS & INSTRUCTIONS

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

IBAN / Swift: \_\_\_\_\_

### NOTES / TERMS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR YOUR BUSINESS

