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# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
PO Number: \_\_\_\_\_

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## CLIENT / BILL TO

\_\_\_\_\_  
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## PROJECT / CONTACT

\_\_\_\_\_  
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IT CONSULTING SERVICE DESCRIPTION	HOURS	HOURLY RATE	AMOUNT
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Subtotal: \_\_\_\_\_  
Tax Rate (%): \_\_\_\_\_  
Tax Amount: \_\_\_\_\_

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

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**Payment Instructions & Terms**

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**Client Acceptance / Authorization**

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Authorized Signature Date