



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

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Billing Period: \_\_\_\_\_  
Due Date: \_\_\_\_\_

## CONSULTANT / SERVICE PROVIDER

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

## CLIENT / BILL TO

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

DESCRIPTION OF CONSULTING SERVICES	HOURS / QTY	RATE	AMOUNT
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## PAYMENT TERMS & METHODS

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

Subtotal \_\_\_\_\_

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

**Total Due**

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CONSULTANT SIGNATURE

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CLIENT ACCEPTANCE SIGNATURE

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