INVOICE

Invoice No:

Date:

Due Date:

PO Number:

CLIENT / BILL TO:

CONSULTANT / CONTACT:

Retainer Period: **Contract Ref:**

SERVICE / RETAINER DESCRIPTION	ALLOCATED HOURS	RATE	TOTAL AMOUNT

Subtotal:

Tax / VAT:

Total Due:

PAYMENT TERMS & INSTRUCTIONS

Bank Name: _____ Account Number: _____

Routing / Swift: _____ IBAN: _____