

INVOICE

Contractual & Consulting Services

Invoice No: _____

Date: _____

Due Date: _____

PO Number: _____

SERVICE PROVIDER / CONTRACTOR

CLIENT / BILL TO

DESCRIPTION OF SERVICE / DELIVERABLE	HOURS / QTY	RATE	TOTAL AMOUNT

PAYMENT TERMS & INSTRUCTIONS

Subtotal _____
Tax / VAT _____
Total Due _____

Contractor Signature

Client Authorized Signature
