CONSULTATION BILL

Invoice No: _____

Date: _____

Due Date: _____

CLIENT INFORMATION

Client Name:

Company:

Address:

Email/Phone:

PROJECT DETAILS

Project Name:

PO Number:

Reference:

Area/Unit:

DESCRIPTION OF ENGINEERING SERVICES	HOURS / QTY	UNIT RATE ($)	TOTAL AMOUNT ($)

Subtotal: _____

Tax / VAT: _____

Total Due ($): _____

PAYMENT INSTRUCTIONS & TERMS

Bank Name:

Account Name:

Account / IBAN:

SWIFT / BIC:

CONSULTANT SIGNATURE

CLIENT AUTHORIZED SIGNATURE