

INVOICE

External Agency Consulting Fees

INVOICE NO. _____

DATE _____

DUE DATE _____

SERVICE PROVIDER (AGENCY)

CLIENT (BILLED TO)

DESCRIPTION OF CONSULTING SERVICES	HOURS	RATE	TOTAL

SUBTOTAL _____

TAX / VAT _____

TOTAL DUE _____

PAYMENT TERMS & CONDITIONS

PAYMENT INSTRUCTIONS / BANK DETAILS