INVOICE

Invoice No: _____

Date: _____

Due Date: _____

CLIENT / BILL TO

Company: _____

Attention: _____

Address: _____

Email: _____

SEMI-MONTHLY PERIOD

Period Start: _____

Period End: _____

Project/Ref: _____

Contract No: _____

DATE / PERIOD	DESCRIPTION OF PROFESSIONAL SERVICES	HOURS/QTY	RATE	TOTAL

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT INSTRUCTIONS

Bank Name:

Account Name:

Account Number:

Routing / BIC:

Thank you for your business.