

Consultancy Invoice

From:

Your Name
Your Company Name
Your Address
City, State, Zip Code
Email: your.email@example.com
Phone: (123) 456-7890

To:

Client Name
Client Company Name
Client Address
City, State, Zip Code

Invoice Number: 001
Invoice Date: October 1, 2023
Due Date: October 15, 2023

Description	Hours	Rate	Total
Consulting Services	10	\$100.00	\$1,000.00
Travel Expenses	N/A	N/A	\$200.00
Total Due	\$1,200.00		

Payment Instructions:
Please make payment to:
Bank Name: Your Bank
Account Number: 1234567890
Routing Number: 987654321

Thank you for your business!