

# Consultancy Invoice

**Consultancy Firm Name**

Address Line 1  
Address Line 2  
City, State, Zip Code  
Phone: (123) 456-7890  
Email: email@example.com

**Invoice Number:** 001234

**Date:** October 1, 2023

**Billed To:**

Client's Name  
Client's Company Name  
Address Line 1  
City, State, Zip Code

## Services Rendered

Description	Hours	Rate	Total
Revisions and Updates to Project	10	\$100/hr	\$1000

## Total Due

**\$1000**

## Payment Information

Please make the payment to:  
Bank Name  
Account Number: 123456789  
Routing Number: 987654321

**Thank you for your business!**