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INVOICE

INVOICE NO.	INVOICE DATE	DUE DATE	CLIENT PO NO.	ENGAGEMENT / SOW	PERIOD

BILL TO

Name

Company

Address

Phone / email

CONSULTANT

Business

Address

Phone / email

Tax ID / EIN

Professional fees

Consultant	Activity	Hours	Rate	Amount

Fees subtotal	

Reimbursable expenses (at cost, receipts attached)

Date	Expense	Receipt	Amount

Expenses subtotal	
Tax on fees (%)	
Tax	
Total due	

HOW TO PAY

Bank / account

Routing / sort code

Online / app

Make checks payable to

TERMS

Payment terms

Late fee

Remit-to / notes