

Consultancy Name

INVOICE

INVOICE # 00-000000

DATE 7/15/2013

WORK ORDER # 00-000000

**MAILING
INFO**

Street Address
City, ST ZIP
Phone: (000) 000-0000
Fax: (000) 000-0000

**BILL
TO**

Name
Customer ID:
Street Address
City, ST ZIP
Phone: (000) 000-0000

HOURLY SERVICES

HOURS

RATE

AMOUNT

Labor

5

75.00

375.00

SUBTOTAL \$ 375.00

TAX RATE 0.000%

OTHER SERVICES AND CHARGES

AMOUNT

Travel and Lodging

250.00

SUBTOTAL \$ 250.00

TAX RATE 7.500%

OTHER COMMENTS

1. Total payment due in 30 days
2. Please include the invoice number on your check.

TOTAL TAX \$ 18.75

SSH \$ -

(DISCOUNT) \$ (50.00)

TOTAL \$ 593.75

Thank You For Your Business!

Make all checks payable to:
Your Company Name