INVOICE

Consulting services

[Your name or business]
[Street and number]
[Postcode, City, Country]
[email] · [phone]
[Tax / VAT no., if required]

Invoice no.	[INV-0001]
Invoice date	[YYYY-MM-DD]
Due date	[YYYY-MM-DD]
Project / PO	[Reference]

Bill to
[Client name]
[Company]
[Address]

Date	Description	Hours	Rate	Amount

Total hours
[Tax rate, if any]
[Currency, e.g. EUR / USD / GBP]

	Subtotal
___ %	**Tax / VAT**
	Total due

Payment details
[Bank name] · [Account holder]
[IBAN or account number] · [BIC / SWIFT or routing number]
Please pay within [30] days and quote the invoice number.

Thank you for your business.