|  |  |
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| **BUSINESS CONSULTANT**Invoice # [No] Date: Name: [Name]Street Address: [Street Address]City, State: [City, State]ZIP Code: [ZIP Code]Phone: [Phone] | **Client / Customer** Name: [Name] Street Address: [Street Address] City, State: [City, State] ZIP Code: [ZIP Code]  |

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| **DESCRIPTION** | **HOURS** | **$ / HOURS** | **AMOUNT ($)** |
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|  |  |  |  |
| [Comments or Special Instructions] |  |  |  |
| Payment is due within [Number (#)] days. |  | SUBTOTAL |  |
| Thank you for your business! |  | DISCOUNT |  |
|  |  | TAX |  |
|  |  | **TOTAL** |  |