|  |  |
| --- | --- |
| **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] |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |