

INVOICE

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

INVOICE #	DATE	DUE DATE
PROJECT / AGREEMENT REF.	BILLING PERIOD	LICENSE / REGISTRATION #
TOTAL FEE / PHASE		

DESCRIPTION	QTY × RATE	AMOUNT
Phase: fee, % complete, earned to date, previously billed, this invoice		
Phase: fee, % complete, earned to date, previously billed, this invoice		
Additional service: description, authorized date (hours × rate)		
Consultant: discipline, phase (at cost + markup %)		
Reimbursables: printing, travel, fees (at cost + %)		
Retainer applied / previous payments (negative)		

NOTES & PAYMENT TERMS
Net 30. Basic services are billed monthly by percentage of each phase completed; additional services are billed hourly as authorized in writing. Consultant fees and reimbursable expenses are billed at cost plus 10% with backup available. Interest of 1% per month accrues on balances unpaid after 30 days, per the agreement.

Subtotal

Tax

TOTAL DUE