

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

# IT CONSULTANT INVOICE

Invoice # \_\_\_\_\_

Date: \_\_\_\_\_

## Client / Customer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Description	Hours	\$ / Hour	Amount (\$)

Comments or Special Instructions:  
\_\_\_\_\_

Payment is due within \_\_\_\_ days.

SUBTOTAL	_____
DISCOUNT	_____
TAX	_____
<b>TOTAL</b>	_____

Thank you for your business!