|  |  |  |  |
| --- | --- | --- | --- |
| Consultant Invoice | | | |
| Invoice Number: | | (a number that would help to keep track of the invoice) | |
| Dated: | | ( the date of issuing the consultant invoice) | |
| (explicate the contact details of the consultancy company and client company elaborately)  From:  (name of the consultancy firm or consultant)  (address)  (contact number)  To:  (name of the client’s company)  (address)  (contact number) | | | |
| For the \_\_\_\_\_\_\_\_\_\_\_ (name the type of consulting services) consulting services provided to the area of \_\_ (specify the area providing the consultation) at a rate of \_\_\_\_\_\_\_ (mention the rate) | | | |
| Task of the project | **Days or hours devoted** | | **Charges** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| Total number of days the services are being provided:  Total cost incurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax in percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any due from the last billing invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mention the amount outstanding from the previous billing invoice) | | | |
| Preferred Payment Mode: (mention the mode by which the consultant wishes to acquire his outstanding payment from the present invoice)   * Cash/ Cheque * NEFT * Money Order * Through Master or VISA cards * Other please specify \_\_\_\_\_\_\_\_\_\_ | | | |
| Authorization of the consultant: (a signature, stamp or seal has to be affixed in order to made the document viable) | | | |

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