|  |  |  |
| --- | --- | --- |
| Consulting Service Company Name : | | |
| Company Address : | | |
| ZIP – Code | | |
| Phone No – Web Address | | |
|  | | |
| Explicate the contact details of the consultancy company and client company elaborately | | |
| **To :** | **From :** | |
| (name of the client’s company) | (name of the consultant) | |
| (address) | (address) | |
| (contact number) | (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) | | |
| Invoice No : | Issue Date : | |
|  |  | |
|  | | |
| **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) | | |
| Important Nots & Other Information | | |
|  | | |
|  | | |

**Text

Description automatically generated**