|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Invoice No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Company Name | |  | | |
| Address | |  | | |
| Contact | |  | | |
| ZIP Code | |  | | |
| **From:** | | | **To:** | |
| (name of the consultancy firm or consultant) | | | (name of the client’s company) | |
| (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) | | | | |
| 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 \_\_\_\_\_\_\_\_\_\_ | | | | |

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