FREELANCE CONSULTANT INVOICE

| | DETAILS | | |
|--------------|--------------|--------------|-------------|
| | DATE: | | _ |
| | INVOICE NO | | |
| | DILL TO | | |
| FROM | BILL TO | | |
| COMPANY: | COMPANY: | | |
| ATTN: | ATTN: | | |
| ADDRESS: | ADDRESS: | | |
| CITY, STATE: | CITY, STATE: | | |
| ZIP: | ZIP: | | |
| PHONE: | PHONE: | | |
| E-MAIL: | E-MAIL: | | |
| | | | |
| DESCRIPTION | HOURS | RATE (\$/HR) | AMOUNT (\$) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | SUBTOTAL | |
| NOTES: | | DISCOUNT | |
| | | TAX / VAT | |
| | | TOTAL | |

THANK YOU FOR YOUR BUSINESS

