

Consultancy Name

INVOICE

INVOICE # 00-000000

DATE 08/10/2014

WORK ORDER # 00-000000

**MAILING
INFO**

Street Address

City, ST ZIP

Phone: (000) 000-0000

Fax: (000) 000-0000

**BILL
TO**

Name

Customer ID:

Street Address

City, ST ZIP

Phone: (000) 000-0000

HOURLY SERVICES

Labor

HOURS

RATE

AMOUNT

5

75.00

375.00