

Consultancy Firm Name

123 Business Avenue

City, State ZIP

Country

Phone: +1 (234) 567-8901

Email: contact@consultancy.com

INVOICE**Billed To**

Client Company Name

789 Client Street

City, State ZIP

Country

Contact: client@example.com

Invoice #: INV-2024-0054**Invoice Date:** 2024-06-19**Due Date:** 2024-07-19**Project:** Software Architecture Review

Description	Hours	Rate	Amount
Consultation Meeting	8	\$120.00	\$960.00
Technical Review & Report	12	\$120.00	\$1,440.00
Email Support	4	\$120.00	\$480.00

Subtotal: \$2,880.00**Tax (10%):** \$288.00**Total:** \$3,168.00**Payment Instructions:**

Please transfer payment to the specified bank account within 30 days of the invoice date.

Important Notes:

- This invoice is generated for consultancy services as per the agreed terms.
- Please review all details and contact us for any necessary clarifications.
- Delay in payment may result in additional late fees or suspension of services.
- Retain this document for your accounting and reference purposes.