

Company Name

Address Line 1
Address Line 2
Phone: (xxx) xxx-xxxx
Email: email@company.com

**PROFESSIONAL FEE
INVOICE**

Invoice #: 0001
Date: 2024-06-20
Due Date: 2024-07-20
Bill To:
Client Name
Client Company
Client Address 1
Client Address 2

DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Consulting Services	10	\$150.00	\$1,500.00
Analysis & Reporting	5	\$180.00	\$900.00
Other Professional Fee	3	\$100.00	\$300.00

Subtotal	\$2,700.00
Tax (10%)	\$270.00
Total Due	\$2,970.00

Notes:
Thank you for your business. Payment is due within 30 days.
Please make all checks payable to **Company Name**.