IT SERVICES INVOICE

IT CONSULTANT

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

PO no. _____

BILL TO (CLIENT)

Company _____ Attention _____

Email _____

ENGAGEMENT

Agreement _____

Project _____ Managed devices _____

MANAGED SERVICES

Item	Details	Qty	Unit	Rate	Amount

Managed services subtotal

PROJECT MILESTONES

Item	Details	Qty	Unit	Rate	Amount

Milestones subtotal

CONSULTING HOURS

Item	Details	Qty	Unit	Rate	Amount

Consulting hours subtotal

LICENSES, PASSED THROUGH AT COST

Item	Details	Qty	Unit	Rate	Amount

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax on services, if applicable (_____%)

Licenses, passed through at cost

Total

Amount due

SERVICE NOTES

Please quote the invoice number with your payment.