

INVOICE

INVOICE # _____ for WEEK ENDING (Saturday): _____

CONSULTANT NAME: _____

PAY TO: _____

CLIENT: _____

BILLED TO: US Consulting Services
170 Pine Ave. North
Oldsmar, FL 34677-4629

Fax: 813-818-1932

Services Rendered

Hours: _____ x Rate: _____ = Total Due: _____