

Consultant Project Invoice

Name:

Address:

Phone Number:

Email:

Onsite Company:

Invoice #: _____

Client:

Name: Square-1 Consulting Services, Inc.

**Address: 26005 Windsong
Lake Forest, CA 92630**

Phone: (949)382-1387 Email: services@sqr1services.com

Billing Period:

From: _____ To: _____

Date	Project Description	Regular Rate	Overtime (OT) Rate	Regular Hours	OT Hours	Total Hours
Totals:						

Notes/ Remarks:

Consultant Approval:

Onsite Client Manager Approval: