

# 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
				<b>Totals:</b>		

Notes/ Remarks:

Consultant Approval:

Onsite Client Manager Approval: