**INVOICE**

**Company NAME :- Wellsfargo**

ADDRESS – LINE 1

ADDRESS – LINE 2

ADDRESS – LINE 3

Phone: XXX-XXX-XXXX

**EIN # XX-XXXXXXX**

|  |  |
| --- | --- |
| **DATE** | **INVOICE #** |
| 09/16/2025 | 0822501 |

|  |
| --- |
| BILL TO |
| **Pyramid Consulting, Inc**  Attn.: [Account](mailto:ap@pyramidconsultinginc.com) Payable  3060 Kimball Bridge Rd.,  Suite 200,  Alpharetta, GA 30022 |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **# OF HOURS** | **RATE** | **AMOUNT** |
| Consultant Name:- Japhanya  Period: ………….…  Client: Wellsfargo | 40 | $50.00 | $2000.00 |
| **We Appreciate Your Business.** | | TOTAL | $2000.00 |
| Remarks (if any) | | | |