

Company Name

Company Address
City, ST ZIP Code

replace with
LOGO

SOW **000** for Agreement to Perform Consulting Services to **Client Name**

Date

Date

Services Performed By:

Company Name
Company Address

Services Performed For:

Client Name
Client Address,
City, ST ZIP Code



Placeholders for your content that appear in the paragraph text are shown in red and will change to the default text color when you add your content. Information that repeats in the document (such as client name) will be updated in all locations when you add or edit it once.

The text provided is sample SOW text that you can edit as applicable for your business.

Note: to delete any tip, such as this one, just select the tip text and then press the spacebar

This Statement of Work (SOW) is issued pursuant to the Consultant Services Master Agreement between **Client Name** (“Client”) and **Company Name** (“Contractor”), effective **Date** (the “Agreement”). This SOW is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this SOW and the terms of this Agreement, the terms of this SOW shall govern and prevail.

This SOW # **000** (hereinafter called the “SOW”), effective as of **Date**, is entered into by and between Contractor and Client, and is subject to the terms and conditions specified below. The Exhibit(s) to this SOW, if any, shall be deemed to be a part hereof. In the event of any inconsistencies between the terms of the body of this SOW and the terms of the Exhibit(s) hereto, the terms of the body of this SOW shall prevail.

Period of Performance

The Services shall commence on **Date**, and shall continue through **Date**.



Invoice

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Invoice

Street Address
City, ST ZIP Code
Phone Enter phone | Fax Enter fax
Email | Website

INVOICE # Invoice No
DATE Enter date

TO:

Name

Company Name

Street Address

City, ST ZIP Code

Phone Enter phone | **Email**

FOR Project or service description

P.O. # P.O. #

Description	Amount
Enter description 1	Enter amount
Enter description 2	Enter amount
Enter description 3	Enter amount
Enter description 4	Enter amount
Enter description 5	Enter amount
Enter description 6	Enter amount
Enter description 7	Enter amount
Enter description 8	Enter amount
Enter description 9	Enter amount
Total	Enter total amount

Make all checks payable to Company Name

Payment is due within 30 days.

If you have any questions concerning this invoice, contact Name | Phone | Email

Thank you for your business!



[OFFICE ADDRESS]

[PHONE NUMBER]

[EMAIL]