|  |  |
| --- | --- |
|  | Eagle Consulting Invoice |

|  |  |
| --- | --- |
| To:  clientName  addressLine  cityStateZip  Client ID: clientId  Project: projectName | Invoice Number: invoiceNumber  Invoice Date: invoiceDate  Payment Terms: billingTerm  Billing Frequency: invoiceFrequency  Total Amount Due: totalAmountDue |

**Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project** | **Date** | **Description** | **Rate** | **Hours** | **Amount** |

**Total** amnt

**Remit Payment To:**

Eagle Consulting

2501 E Memorial Road

Edmond, Ok 73013