







Find, update, analyze, import and export Excel formulas and defined names







Consultant Invoice with Travel and Hourly Expenses

BoostExcel.com

Template#: cm022

Title: Consultant Invoice with Travel and Hourly Expenses

Category: <u>Consulting</u>

Download this template in Excel format: Click here

Scroll down to find the PDF invoice on the next page.

то



Please Remit Payment To: xxxxxxxxxxxx

P. O. BOX xxx

City, State ZIP

TAX ID # xx-xxxxxxx SSN xxx-xx-xxxx

WW/OLOF NO				l					TAX ID # XX-XXXXXXX SSIN XXX-XX-XXXX		
DATE	PROSPECT / WELL NAME	LODGING EXPENSE	POSTAGE & OTHER EXPENSES	Meals / Entertainment	MILEAGE	MILEAGE EXPENSE (@ 58.5¢ p/mile)		(p/hour day)	RATE (p/hr. or day))	TIME TOTAL	WORK DESCRIPTION - SERVICES PERFORMED DATE TOTAL
							4.00	HOUR	\$85.00	\$340.00	\$340.00
							3.00	HOUR	\$85.00	\$255.00	\$255.00
							2.00	HOUR	\$85.00	\$170.00	\$170.00
							4.00	HOUR	\$85.00	\$340.00	\$340.00
							4.00	HOUR	\$85.00	\$340.00	\$340.00
							2.00	HOUR	\$85.00	\$170.00	\$170.00
							2.00	HOUR	\$85.00	\$170.00	\$170.00
					25.00	\$192.27	8.00	HOUR	\$85.00	\$680.00	\$872.27
							4.00	HOUR	\$85.00	\$340.00	\$340.00

WELL NAME EXPENSE Entertainment Expenses Entertainment MILEAGE (@ 58.5¢ p/mile) TOTAL WORK DESCRIPTION - SERVICES PERFORMED TOTAL	INVOICE NO.											
2.00 HOUR \$85.00 \$255.	DATE	PROSPECT / WELL NAME	LODGING EXPENSE	& OTHER	IVIEdIS /	MILEAGE	EXPENSE (@ 58.5¢	TIME or	(p/hour day)	(p/hr. or		WORK DESCRIPTION - SERVICES PERFORMED DATE TOTAL
								3.00	HOUR	\$85.00	\$255.00	\$255.0

	INVOICE NO.										
DATE	PROSPECT / WELL NAME	LODGING EXPENSE	POSTAGE & OTHER EXPENSES	Meals / Entertainment	MILEAGE	MILEAGE EXPENSE (@ 58.5¢ p/mile)	TIME ((p/hour day)	RATE (p/hr. or day))	TIME TOTAL	WORK DESCRIPTION - SERVICES PERFORMED DATE TOTAL

INVOICE NO.												
DATE	PROSPECT / WELL NAME	LODGING EXPENSE	POSTAGE & OTHER EXPENSES	Meals / Entertainment	MILEAGE	MILEAGE EXPENSE (@ 58.5¢ p/mile)	TIME ((p/hour day)	RATE (p/hr. or day))	TIME TOTAL	WORK DESCRIPTION - SERVICES PERFORMED	DATE TOTAL
TOTALS					25.00	\$192.27				\$3,060.00		########

PLEASE PAY INVOICE TOTAL W/IN 15 DAYS

SUBMITTED BY:		
	SIGNATURE	DATE