

INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Company Name]
[Client Address]
[Client Email]

PROJECT:

[Project Name/Market Sector]
PO Number: [00000]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Primary Market Research & Stakeholder Interviews	-	-	-
Competitive Landscape & SWOT Analysis	-	-	-

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Data Synthesis & Final Strategic Report	-	-	-
<hr/>			
Subtotal: \$0.00			
Tax: \$0.00			
<hr/>			
Total Due: \$0.00			

Payment Terms: Net 30 days. Please include invoice number with your payment.

Wire Transfer / Banking Details: [Bank Name] | [Account #] | [Routing #]