

# INVOICE

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

**Invoice #:** [00000]  
**Date:** [Date]  
**Due Date:** [Date]

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**BILL TO:**

[Client Company Name]  
[Contact Name]  
[Client Address]  
[Tax ID/VAT if applicable]

**PROJECT REFERENCE:**

[Project Name/ID]  
PO Number: [000000]  
Billing Period: [Month/Year]

Description of Governance Services	Units/Hours	Rate	Amount
Data Maturity Assessment & Strategy Roadmap	[0.0]	[\$0.00]	[\$0.00]
Policy Development & Framework Design	[0.0]	[\$0.00]	[\$0.00]
Data Stewardship Training & Implementation	[0.0]	[\$0.00]	[\$0.00]
Metadata Management / Catalog Tooling Advisory	[0.0]	[\$0.00]	[\$0.00]

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Subtotal: \$[0.00]  
Tax ([0] %): \$[0.00]  
Balance Due: \$[0.00]

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**PAYMENT INSTRUCTIONS**

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Bank Name: [Name] | Account: [Number] | Routing: [Number] | SWIFT: [Code]

*Notes: Please include the invoice number in your wire transfer reference. Thank you for your business.*