

INVOICE

[Consultant/Firm Name]
[Address Line 1]
[Email/Phone]

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

BILL TO

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

PROJECT/RETAINER PERIOD

[Month, Year]
Strategy Advisory Services

Description	Units/Hours	Rate	Total
Monthly Strategy Retainer Fee Fixed advisory availability and scheduled briefings	1.0	\$0.00	\$0.00
Additional Consultation Hours Excess of retainer agreement	0.0	\$0.00	\$0.00

Subtotal \$0.00
Tax (0%) \$0.00
Amount Due (USD) \$0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]
Please include Invoice # in payment reference.