

[CONSULTANT NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

Date: [Date]
Invoice #: [000]
Project: [Project Name]

BILL TO:

[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

PAYMENT TERMS:

Due on receipt / [Net 30]

Milestone Description	Completion Date	Amount
[Milestone 1: e.g., Initial Research & Discovery]	[Date]	\$0.00
[Milestone 2: e.g., Strategy Framework Design]	[Date]	\$0.00
[Milestone 3: e.g., Final Presentation & Delivery]	[Date]	\$0.00

Subtotal: \$0.00
Tax/VAT: \$0.00

Total Due: \$0.00

NOTES / PAYMENT INSTRUCTIONS:

Please include invoice number with your payment. Direct deposit available at [Account Details]. Thank you for your business.