INVOICE

[Logistics Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

Client Information:

[Client Name]
[Company Name]
[Address]
[Email/Phone]

Project Reference:

[Project ID/Name]
[Contract Date]
[Consultant Name]

Description of Logistics Services	Hours/Qty	Rate/Unit	Total
Supply Chain Audit & Analysis			
Freight Optimization Strategy			
Warehouse Layout Consultation			
Project Expenses (Travel/Software)			

Subtotal: $_____

Tax/VAT: $_____

Total Amount Due: $_____

Payment Instructions:

Bank: [Bank Name]
Account Number: [Number]
SWIFT/BIC: [Code]

Terms: Net [30] Days. Please include invoice number with payment. Thank you for your business.