

STRATEGIC TRAVEL CONSULTANT

[Consultant Name/Agency]
[Business Address]
[Email/Phone]

INVOICE

[0000]
Date: [Date]

CLIENT INFORMATION

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

PROJECT/TRIP REFERENCE

[Trip Name/Location]
Project Code: [Code]

Description of Services	Hours/Qty	Rate	Total
Strategy & Itinerary Planning			
Logistics Coordination & Vendor Management			
Risk Assessment & Travel Policy Consultation			

Description of Services	Hours/Qty	Rate	Total
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Administrative/Booking Fees

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

PAYMENT TERMS

Net [30] days. Please make checks payable to [Consultant Name] or via wire transfer to [Bank Details].

Thank you for your business.