INVOICE

[Consultant/Agency Name]
[Address Line 1]
[City, Country, Postcode]
[Tax ID / VAT Number]

INVOICE NUMBER
[INV-000]

DATE
[YYYY-MM-DD]

BILL TO

[Client Company Name]
[Contact Person]
[Client Address]
[Client Tax ID]

RELOCATION DETAILS

Assignee: [Employee Name]
Case Ref: [Case ID/Ref Number]
Route: [Origin] to [Destination]

Mobility Service Description	Quantity	Unit Price	Amount
Visa & Immigration Processing - [Type]	1	[0.00]	[0.00]
Home Search & Orientation Program	1	[0.00]	[0.00]
Tax Briefing / Compliance Advisory	[0]	[0.00]	[0.00]

Mobility Service Description	Quantity	Unit Price	Amount
Disbursements (Government Fees, Translation, etc.)	1	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT: [0.00]
Total Amount due: [Currency] [0.00]

PAYMENT INSTRUCTIONS

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

Terms: Net [30] days. Please include the invoice number as a reference.