

INVOICE

[Consultancy Name]
[Address Line 1]
[Email / Phone]

INVOICE NUMBER INV-0000
DATE [DD/MM/YYYY]
DUE DATE [DD/MM/YYYY]

CLIENT INFORMATION

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

PROJECT REFERENCE

[Project Name/Code]
Retainer Period: [Month, Year]

Description	Qty/Hrs	Rate	Amount
Monthly Retainer Fee Strategic advisory and ongoing management services	1	\$0.00	\$0.00
Excess Hours / Overage Hours worked beyond retainer scope	0	\$0.00	\$0.00

Description	Qty/Hrs	Rate	Amount
Reimbursable Expenses	-	-	\$0.00
Travel, materials, or third-party costs			

Subtotal: \$0.00
Tax (0%): \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | SWIFT: [Code]
Please include the invoice number as a reference.