

[LOGISTICS CONSULTING FIRM NAME]

[STREET ADDRESS]
[CITY, STATE, ZIP]
[TAX ID / VAT NUMBER]

INVOICE

Invoice #: [000000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]

BILL TO

[Client Company Name]
[Attn: Contact Person]
[Client Street Address]
[Client City, State, Zip]
PROJECT REFERENCE

Project: [Supply Chain Optimization]
PO Number: [PO-000]
Consultant: [Lead Consultant Name]

Service Description	Rate/Unit	Qty/Hrs	Amount
[Service Item 1: e.g., Network Analysis & Freight Audit]	[\$[0.00]]	[0]	[\$[0.00]]
[Service Item 2: e.g., TMS Implementation Support]	[\$[0.00]]	[0]	[\$[0.00]]

Service Description	Rate/Unit	Qty/Hrs	Amount
[Service Item 3: e.g., Reimbursable Travel Expenses]	[\$0.00]	[0]	[\$0.00]

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

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Firm Name]**.
Wire Transfer: [Bank Name] | SWIFT: [Code] | Account: [Number]
Late payments are subject to a [0] % monthly interest charge.

Thank you for your business.