

OPERATIONS INVOICE

[Your Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Contact Name]
[Client Company Name]
[Client Address]
[City, State, Zip]

PROJECT REFERENCE

Project: [e.g., Supply Chain Optimization]
PO Number: [Reference Number]
Period: [Start Date] - [End Date]

DESCRIPTION OF SERVICES	UNITS/HOURS	RATE	AMOUNT
Process Mapping & Analysis Redesign of warehouse workflow and bottleneck identification.	[0.00]	[\$[0.00]]	[\$[0.00]]
Lean Six Sigma Training On-site workshop for floor supervisors (Group A).	[0.00]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION OF SERVICES	UNITS/HOURS	RATE	AMOUNT
Inventory Management Audit Quarterly compliance check and SKU rationalization.	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax/VAT: \$[0.00]
Total Due: \$[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account Name: [Name] | Account #: [00000000] | Routing: [00000000]
Please include the invoice number as a payment reference.

Thank you for your business.