

[Consultancy Name]

Supply Chain Solutions & Logistics Strategy
[Street Address]
[City, State, Zip]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILLED TO:

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

PROJECT DETAILS:

Project ID: [Project Code]
PO Number: [PO-000]
Period: [Date] to [Date]

DESCRIPTION OF SERVICES / DELIVERABLES	UNITS/HOURS	RATE	AMOUNT
Logistics Network Optimization Analysis	[0.0]	[\$0.00]	[\$0.00]

DESCRIPTION OF SERVICES / DELIVERABLES	UNITS/HOURS	RATE	AMOUNT
Inventory Management Strategy Consulting	[0.0]	[\$0.00]	[\$0.00]
Procurement & Vendor Audit Fees	[0.0]	[\$0.00]	[\$0.00]
Reimbursable Travel Expenses	[1.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
TOTAL DUE: \$[0.00]

Payment Terms: Net [30] Days. Please make checks payable to [Consultancy Name].

Wire Instructions: Bank: [Bank Name] | Account: [00000000] | Routing: [000000000]