

[CONSULTANT/AGENCY NAME]

[Address Line 1]  
[Email / Phone]

INVOICE  
#[0000]  
Date: [MM/DD/YYYY]  
Due: [MM/DD/YYYY]

BILL TO:  
[Client Name]  
[Company Name]  
[Address]

| DESCRIPTION OF STRATEGY SERVICES                                                                | RATE   | QTY | AMOUNT |
|-------------------------------------------------------------------------------------------------|--------|-----|--------|
| <b>Brand Audit &amp; Discovery</b><br>Competitive analysis and internal stakeholder interviews. | \$0.00 | 1   | \$0.00 |
| <b>Brand Positioning Framework</b><br>Mission, Vision, and Value Proposition development.       | \$0.00 | 1   | \$0.00 |
| <b>Strategic Advisory Hours</b><br>Consultation sessions and workshop facilitation.             | \$0.00 | 0   | \$0.00 |

Subtotal: \$0.00  
Tax: \$0.00  
TOTAL: \$0.00

Payment Instructions: [Bank Name / Account Details or Digital Payment Link]

Terms: Net [30] days. Thank you for your partnership.