

INVOICE

[Consultancy Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

INVOICE NUMBER [INV-000]
DATE [Month DD, YYYY]
DUE DATE [Month DD, YYYY]

BILL TO: [Client Company Name]
[Contact Name]
[Client Address]
[Client City, State, Zip]
PROJECT REFERENCE: [e.g., FDA 510(k) Submission / CE Marking]
[Purchase Order #]

DESCRIPTION OF REGULATORY SERVICES	HOURS/QTY	RATE	AMOUNT
[Service Item: e.g., Technical File Review]	0.00	\$0.00	\$0.00
[Service Item: e.g., Clinical Evaluation Report (CER) Update]	0.00	\$0.00	\$0.00
[Service Item: e.g., Post-Market Surveillance Strategy]	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Tax / VAT (0%): \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS:

Bank Name: [Name]

Account Name: [Name]

SWIFT/BIC: [Code]

IBAN/Account Number: [Number]

Thank you for your business.