

INVOICE

[Your Name / Executive Firm]
[Address Line 1]
[Email / Phone]

Invoice #: [0001]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Company Name]
[Attn: Contact Name/Dept]
[Company Address]
[City, State, Zip]

ASSIGNMENT REFERENCE

Interim Role: [Title, e.g., Interim CFO]
Period: [Start Date] - [End Date]
PO Number: [Reference #]

Description of Services	Rate	Qty/Days	Amount
[Interim Executive Management Services]	0.00	0	0.00
[Reimbursable Expenses: Travel/Lodging]	0.00	1	0.00

Subtotal \$0.00
Tax / VAT \$0.00
Total Due \$0.00

Payment Instructions:

Bank Name: [Name] | Account: [Number] | Routing: [Number] | SWIFT/BIC: [Code]

Terms: Payment is due within [X] days. Please include invoice number with remittance.