

**SPECIALIZED INTERIM ADVISORY**

[Advisory Firm Name]  
[Registration Number]  
[Contact Email]

**INVOICE NUMBER**  
[INV-0000]

**DATE OF ISSUE**  
[YYYY-MM-DD]

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**CLIENT INFORMATION**

**[Client Name / Organization]**  
[Street Address]  
[City, State, Zip]  
[Tax ID/VAT Number]

**INTERIM PERIOD**  
[Start Date] to [End Date]

**PAYMENT DUE**  
[YYYY-MM-DD]

<b>SERVICE DESCRIPTION</b>	<b>HOURS/UNIT</b>	<b>RATE</b>	<b>AMOUNT</b>
[Phase Name: Strategic Analysis & Advisory]	[00.00]	[0.00]	[0.00]
[Interim Management Services]	[00.00]	[0.00]	[0.00]
[Specialized Technical Consultation]	[00.00]	[0.00]	[0.00]

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Subtotal: [0.00]

Tax ([0%]): [0.00]

Total Due: [CUR] [0.00]

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### **WIRE TRANSFER INSTRUCTIONS**

Bank: [Bank Name] | SWIFT: [Code] | Account: [Number/IBAN]

### **TERMS**

Interim advisory fees are due within 15 days of invoice date. Late payments may be subject to a [0%] monthly interest charge.