

# ENTERPRISE STRATEGIC PLANNING

[Consultancy Name]  
[Street Address]  
[City, State, Zip]

**Invoice #:** [0000]  
**Date:** [Month DD, YYYY]  
**Due Date:** [Month DD, YYYY]

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## BILL TO

[Client Contact Name]  
[Client Company]  
[Client Address]

## PROJECT REFERENCE

[Strategic Initiative Name / Quarter]  
PO: [Number]

Description of Services	Hours/Units	Rate	Amount
SWOT Analysis & Market Assessment	[0.00]	[\$[0.00]]	[\$[0.00]]
Executive Stakeholder Interviews	[0.00]	[\$[0.00]]	[\$[0.00]]
Roadmap Development & KPI Mapping	[0.00]	[\$[0.00]]	[\$[0.00]]

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Subtotal: \$[0.00]  
Tax: \$[0.00]  
Total: \$[0.00] USD

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

**Notes:** This invoice covers strategic advisory services as outlined in the Statement of Work dated [Date].