

MILESTONE INVOICE

Strategic Planning Services

Invoice #: [0000]

Date: [Date]

CONSULTANT

[Your Name/Firm Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Client Company]
[Address Line 1]
[City, State, Zip]

Milestone Description	Completion Date	Amount
Phase [X]: [Milestone Name - e.g., Situational Analysis Report]	[Date]	\$0.00
Phase [X]: [Milestone Name - e.g., Stakeholder Workshop]	[Date]	\$0.00

Subtotal: \$0.00
Tax/VAT: \$0.00

Total Due: \$0.00

Payment Terms: Due within [X] days. Please make checks payable to [Name] or use bank transfer: [Bank Details].

Thank you for your partnership in this strategic initiative.