INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

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

Project Reference:

[Project Name/Transformation Phase]
[PO Number]

Service Description	Hours/Qty	Rate	Total
Strategic Assessment & Gap Analysis	[0.00]	$[0.00]	$[0.00]
Change Management Facilitation	[0.00]	$[0.00]	$[0.00]
Process Re-engineering Workshop	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Total Amount: $[0.00]

Payment Instructions:
Bank: [Bank Name] | Account: [Account Number] | SWIFT: [Code]
Please include Invoice # in the payment reference.