[CONSULTANCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

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

PROJECT REFERENCE

Project: [e.g., Board Effectiveness Evaluation]
PO Number: [Reference Number]
Period: [Start Date] - [End Date]

Service Description	Hours/Qty	Rate	Total
[Governance Framework Review & Gap Analysis]	[0.00]	$[0.00]	$[0.00]
[Board Committee Charter Drafting]	[0.00]	$[0.00]	$[0.00]
[Executive Compensation Advisory]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax ([0]%): $[0.00]
Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

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

Confidentiality Note: This invoice pertains to professional advisory services involving sensitive corporate governance matters. Please handle accordingly.

Thank you for your business.