IT STRATEGY INVOICE

[Consultancy Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [000000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Company Name]
[Client Contact Person]
[Street Address]
[City, State, Zip]

PROJECT REFERENCE:

[Project Name / Code]
[Strategic Roadmap Phase]
[PO Number]

Service Description	Rate/Unit	Qty/Hrs	Total
IT Infrastructure Audit & Analysis Comprehensive review of existing legacy systems and gap analysis.	$0.00	0	$0.00
Digital Transformation Roadmap 3-year strategic planning and technology stack recommendation.	$0.00	0	$0.00
Cybersecurity Framework Design Implementation strategy for Zero Trust architecture.	$0.00	0	$0.00
Cloud Migration Strategy Cost-benefit analysis and vendor selection (AWS/Azure/GCP).	$0.00	0	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Amount Due: $0.00

Payment Instructions:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include invoice number in wire transfer notes.