M&A ADVISORY SERVICES

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

INVOICE NUMBER
#00000

DATE
[Month Day, Year]

CLIENT / ACQUIRER

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

PROJECT / TARGET

Project [Code Name]
Transaction Phase: [e.g., Due Diligence / Integration]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Strategic Due Diligence & Financial Modeling	0.00	$0.00	$0.00
Target Valuation Analysis	0.00	$0.00	$0.00
Retainer Fee (Monthly)	1.0	$0.00	$0.00

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Reimbursable Transaction Expenses	-	-	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Bank: [Name] | Account: [Number] | SWIFT/BIC: [Code]
Payment due within [30] days of invoice date.