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 Company Name]
[Client Contact Name]
[Client Address]
[Tax ID/VAT if applicable]

PROJECT REFERENCE:

[Project Name/Phase]
[PO Number]
[Consultant Name]

Service Description	Units/Hrs	Rate	Amount
[Operational Assessment & Value Stream Mapping]	[0.0]	$[0.00]	$[0.00]
[Lean Six Sigma Training & Implementation]	[0.0]	$[0.00]	$[0.00]
[Process Optimization & Change Management]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

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

Total Due: $[0.00]

PAYMENT INSTRUCTIONS:

Bank: [Bank Name] | Account Name: [Name] | SWIFT/IBAN: [Details]

Thank you for your partnership in achieving operational excellence.