INVOICE

[Your Consultancy Name]
[Address Line 1]
[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 ID / Contract Name]
Procurement Strategy Consulting

DESCRIPTION OF SERVICES	QUANTITY/HOURS	RATE	AMOUNT
Strategic Sourcing Analysis - [Phase]	0.00	$0.00	$0.00
Supplier Risk Assessment & Audit	0.00	$0.00	$0.00
Category Management Framework Development	0.00	$0.00	$0.00

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

Payment Instructions:
Please transfer funds to [Bank Name] | Account: [Number] | SWIFT: [Code]
Late payments are subject to a fee of [0]% per month.