[CONSULTANCY NAME]

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

INVOICE

No: [Invoice #]
Date: [Date]
Due Date: [Date]

CLIENT

[Client Name]
[Contact Person]
[Client Address]
[Client Email]

PROJECT / ENGAGEMENT

[Strategic Advisory Project Title]
Ref: [Purchase Order # or Contract Ref]

Description of Advisory Services	Hours/Units	Rate	Amount
[Service Item: e.g., Strategic Roadmap Development]	[0.00]	$[0.00]	$[0.00]
[Service Item: e.g., Executive Leadership Workshop]	[0.00]	$[0.00]	$[0.00]
[Expense: e.g., Project Related Travel]	[1.00]	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax ([0]%) $[0.00]
Total Amount $[0.00]

Payment Instructions: [Bank Name] | SWIFT: [Code] | Account: [Number]

Notes: [Terms e.g., Net 30. Thank you for your partnership.]