

[CONSULTANT NAME/AGENCY]

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

INVOICE NUMBER #[0000]

DATE ISSUED [Month DD, YYYY]

DUE DATE [Month DD, YYYY]

BILL TO

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

PROJECT REFERENCE

[Brand Strategy Phase / Project Name]

DESCRIPTION	HOURS/QTY	RATE	AMOUNT
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Brand Discovery & Market Research Competitor analysis and stakeholder interviews.	00	\$0.00	\$0.00
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Brand Architecture & Positioning Core values, mission, and messaging framework.	00	\$0.00	\$0.00
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DESCRIPTION**HOURS/QTY RATE****AMOUNT**

Visual Identity Consultation

Creative direction and design system oversight.

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\$0.00

\$0.00

Subtotal \$0.00

Tax (0%) \$0.00

Total Due \$0.00

PAYMENT INSTRUCTIONSPlease make checks payable to **[Consultant Name]** or transfer via Wire/ACH to:

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for the opportunity to build your brand strategy.