

INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT

[Client Name]
[Attention: Name/Department]
[Client Address]
[Email/Phone]

PROJECT DETAILS

Project: [Competitive Intelligence Program]
Period: [Start Date] - [End Date]
PO #: [Number]

SERVICE DESCRIPTION	UNITS/HOURS	RATE	AMOUNT
Market Competitor Benchmarking & Gap Analysis	--	--	\$0.00
SWOT/VRIO Framework Strategy Development	--	--	\$0.00
Proprietary Intel Gathering & Field Research	--	--	\$0.00
Quarterly Executive Intelligence Briefing	--	--	\$0.00
Subtotal: \$0.00			

Tax (0%): \$0.00
Total Amount: \$0.00

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Please include Invoice Number in the payment reference. Terms: Net 30.