

INVOICE

Global Expansion Strategy Services

Invoice #: [00000]
Date: [MM/DD/YYYY]

FROM:

[Consultancy Name]
[Business Address]
[Tax ID / Registration]
[Contact Email]

BILL TO:

[Client Company Name]
[Client Billing Address]
[Attention: Name/Department]
[Currency: USD/EUR/GBP]

SERVICE DESCRIPTION	REGION/MARKET	HOURS/UNITS	RATE	AMOUNT
Market Entry Research & Analysis	[Target Region]	[0.00]	0.00	0.00
Regulatory Compliance & Localization	[Target Country]	[0.00]	0.00	0.00

SERVICE DESCRIPTION	REGION/MARKET	HOURS/UNITS	RATE	AMOUNT
Supply Chain Strategy Development	Global	[0.00]	0.00	0.00

Subtotal: 0.00
Tax/VAT ([0] %): 0.00
TOTAL DUE: [Currency] 0.00

Payment Instructions:
Bank Name: [Name] | SWIFT/BIC: [Code] | IBAN: [Account Number]
Payment Terms: Due within [30] days of invoice date.

Thank you for your business.