

# INVOICE

[Consultancy Name]  
[Address Line 1]  
[City, State, Zip]

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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**BILL TO:**

[Client Company Name]  
[Contact Person]  
[Client Address]

**PROJECT:**

[HR Strategy Project Name]

SERVICE DESCRIPTION	HOURS / QTY	RATE	TOTAL
HR Audit & Gap Analysis			
Strategic Workforce Planning			
Org Design & Compensation Strategy			
Policy Development & Compliance			

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

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**Payment Terms:** Due within [X] days. Please make checks payable to [Consultancy Name].

**Notes:** Thank you for your partnership in optimizing your human capital strategy.