

# M&A ADVISORY SERVICES

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

## INVOICE

Invoice #: [0000]  
Date: [Date]  
Project Ref: [Project Name/Code]

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### CLIENT BILLING INFORMATION

**[Client Company Name]**  
[Contact Person]  
[Client Address]  
[City, State, Zip]

### PAYMENT INSTRUCTIONS

Bank: [Bank Name]  
Account: [Number]  
Routing: [Number]  
Due Date: [Date]

DESCRIPTION OF STRATEGY SERVICES	QUANTITY/HOURS	RATE/FEE	AMOUNT
<b>Phase I: Target Identification &amp; Screening</b> Market analysis and strategic fit assessment.	[0.00]	[\$[0.00]]	[\$[0.00]]
<b>Phase II: Financial Modeling &amp; Valuation</b> DCF analysis, comparable transactions, and synergy projections.	[0.00]	[\$[0.00]]	[\$[0.00]]

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DESCRIPTION OF STRATEGY SERVICES	QUANTITY/HOURS	RATE/FEE	AMOUNT
<b>Phase III: Strategic Due Diligence Support</b> Operational review and integration risk mapping.	[0.00]	[\$0.00]	[\$0.00]
<b>Retainer / Success Fee</b> Fixed engagement retainer for the period of [Date] to [Date].	-	-	[\$0.00]
<b>Subtotal: \$[0.00]</b> <b>Tax/VAT: \$[0.00]</b> <b>Total Amount Due: \$[0.00]</b>			

**Notes:** All fees are non-refundable. Late payments are subject to a [0]% monthly interest charge. Please reference the Invoice Number in your wire transfer description.