

INVOICE

Strategic Workforce Planning Services

Invoice #: _____

Date: _____

FROM:

[Your Company Name]
[Address Line 1]
[Email/Phone]

BILL TO:

[Client Company Name]
[Attn: Contact Name]
[Address Line 1]

SERVICE DESCRIPTION	HOURS/QTY	RATE	TOTAL
Gap Analysis & Talent Forecasting			
Succession Planning Framework			
Workforce Segmentation & Modeling			
Strategic HR Roadmap Consultation			
Subtotal: \$0.00			
Tax: \$0.00			

Grand Total: \$0.00

Payment Terms: Net 30 Days. Please make checks payable to [Your Company Name].

Notes: Thank you for partnering with us to optimize your human capital strategy.