

SUPPLY CHAIN STRATEGY

Consultancy Services

Invoice #: _____

Date: _____

FROM:

[Consultant/Company Name]

[Street Address]

[City, State, Zip]

[Tax ID/VAT]

BILL TO:

[Client Name]

[Department/Attention]

[Client Address]

[Project Reference]

Service Description / Milestone	Hours/Qty	Rate	Total
Logistics Network Optimization Analysis			
Inventory Segmentation & Safety Stock Strategy			
Vendor Performance Audit & Sourcing Strategy			
Digital Transformation Roadmap (SCM)			

Subtotal: \$ 0.00

Tax / VAT: \$ 0.00

Total Amount Due: \$ 0.00

PAYMENT TERMS & INSTRUCTIONS

Payment due within [30] days via Wire Transfer or ACH.

Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for your partnership in optimizing your global operations.