INVOICE

D&I Consulting Services

Invoice #: [0000]

Date: [Month Day, Year]

Consultant:

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

Client:

[Client Contact Name]
[Company Name]
[Street Address]
[City, State, Zip]

SERVICE DESCRIPTION	RATE/QTY	TOTAL
Diversity Equity & Inclusion Audit Departmental analysis and employee sentiment surveys	$[0.00]	$[0.00]
Unconscious Bias Workshop Executive leadership training session	$[0.00]	$[0.00]

SERVICE DESCRIPTION	RATE/QTY	TOTAL
Strategy & Roadmap Development Inclusive hiring and retention policy framework	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Amount Due: $[0.00]

Payment Terms: Due within [30] days via [Bank Transfer/Check].

Notes: Thank you for your commitment to creating an inclusive workplace.