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

INVOICE

Bill To:
[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]
Project ID: [Org-000]

Service Description	Units/Hours	Rate	Amount
Organizational Assessment & Diagnostic	0.0	$0.00	$0.00
Structure Re-design & Workflow Mapping	0.0	$0.00	$0.00
Stakeholder Alignment Workshops	0.0	$0.00	$0.00
Change Management Support	0.0	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount Due: $0.00

Payment Instructions:
Bank Name: [Name]
Account Number: [Number]
SWIFT/IBAN: [Code]

Terms & Conditions: Payment is due within [Number] days. Late payments may be subject to a [Percentage]% monthly fee.

Thank you for your partnership in organizational excellence.