[CONSULTANCY NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Company Name]
[Contact Name]
[Client Address]
[Tax ID/VAT]

PROJECT REFERENCE

Talent Acquisition Strategy
Project Phase: [Phase Name/Number]
PO Number: [PO-000]

Description of Services	Hours/Qty	Rate	Amount
Workforce Planning & Gap Analysis	-	-	$0.00
Employer Branding & Value Proposition (EVP) Development	-	-	$0.00

Description of Services	Hours/Qty	Rate	Amount
Recruitment Technology Audit & Implementation	-	-	$0.00
Sourcing Channels Strategy & Optimization	-	-	$0.00

Subtotal: $0.00
Tax ([0]%): $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account Name: [Name] | Account #: [00000000] | Routing: [00000000]

Please include the invoice number in your wire transfer reference.