

# INVOICE

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

**Invoice #:** [00001]  
**Date:** [Date]  
**Due Date:** [Date]  
**Project:** Agile Transformation

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## CLIENT INFORMATION

[Client Company Name]  
[Attention To: Name/Department]  
[Street Address]  
[City, State, Zip]

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## PAYMENT TERMS

Net [30] Days  
Currency: [USD]

Service Description / Milestone	Units / Hours	Rate	Amount
<b>Leadership Coaching &amp; Strategy</b> Agile maturity assessment and executive alignment workshops.	[Qty]	[\$0.00]	[\$0.00]

Service Description / Milestone	Units / Hours	Rate	Amount
<b>Team-Level Training</b> Scrum/Kanban framework onboarding and role-based training.	[Qty]	[\$0.00]	[\$0.00]
<b>Tooling &amp; Governance Setup</b> Jira/ADO configuration and metrics dashboarding.	[Qty]	[\$0.00]	[\$0.00]
<hr/>			
Subtotal: [\$0.00]			
Tax ([0] %): [\$0.00]			
Total Balance: [\$0.00]			
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**Payment Instructions:**

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

Please include Invoice # in the payment reference.

*Thank you for your partnership in agility.*