[CONSULTANCY NAME]

Business Transformation Strategy

INVOICE NO: [0000]
DATE: [Date]
DUE DATE: [Date]

CONSULTANT [Street Address]
[City, State, Zip]
[Email / Phone]
CLIENT [Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

DESCRIPTION OF TRANSFORMATION SERVICES	HOURS/QTY	RATE	AMOUNT
Phase [X]: Strategic Discovery Stakeholder interviews, process mapping, and gap analysis.	[0.00]	$[0.00]	$[0.00]
Operational Excellence Workshop Change management framework and leadership alignment.	[0.00]	$[0.00]	$[0.00]
Technology Integration Advisory Digital roadmap and vendor selection oversight.	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax [0%]: $[0.00]
Total: $[0.00] USD

PAYMENT INSTRUCTIONS Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]
Please include Invoice Number as a reference for wire transfers.