

INVOICE

Reference: [Invoice #]

Date: [Date]

[Consultancy Name]
[Business Address]
[City, State, Zip]
[Tax ID/VAT Number]

Bill To:

[Client Company Name]

[Contact Person]

[Client Address]

[City, State, Zip]

Project Details:

Project: [Transformation Initiative Name]

PO Number: [PO #]

Due Date: [Date]

| SERVICE DESCRIPTION | HOURS/UNITS | RATE | AMOUNT |
|--|-------------|--------|---------|
| Strategic Assessment & Roadmapping Phase 1 discovery and gap analysis. | [Qty] | [Rate] | [Total] |
| Process Optimization Consulting Workshops and operational redesign. | [Qty] | [Rate] | [Total] |
| Change Management Support Stakeholder engagement and training sessions. | [Qty] | [Rate] | [Total] |

Subtotal: [Amount]

Tax ([%]): [Amount]

Balance Due: [Total Currency]

Payment Terms: [e.g., Net 30]

Wire Transfer Details: [Bank Name] | [Account #] | [Routing/SWIFT]

Thank you for choosing [Consultancy Name] for your business transformation journey.