

# TRANSFORMATION INVOICE

Consultancy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Project ID: \_\_\_\_\_

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Client / Business Unit:

\_\_\_\_\_

Attn: \_\_\_\_\_

Improvement Cycle:

DMAIC    Kaizen Event

Lean Audit    PDCA Support

Service Description / Milestone	Units/Hrs	Rate	Total
Value Stream Mapping & Analysis	_____	_____	_____
Process Optimization & Waste Reduction	_____	_____	_____
Change Management & Training	_____	_____	_____
Post-Implementation Audit	_____	_____	_____

Subtotal: \$ \_\_\_\_\_

Tax/VAT: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

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**Payment Terms:** Net 30 Days. Please include Invoice # in wire transfer details.

**Note:** ROI achieved in this cycle is estimated at \_\_\_\_\_%. Verified by: \_\_\_\_\_