

TRANSFORMATION SERVICES

123 Efficiency Way
Operations Suite 500
Business City, ST 12345

INVOICE

Number: [INV-000]
Date: [MM/DD/YYYY]
Project: [Project Name]

BILL TO

[Client Name]
[Contact Person]
[Address Line 1]
[Address Line 2]

PROJECT MILESTONES

Phase: [Current Phase]
PO Number: [00000]
Due Date: [MM/DD/YYYY]

Process Optimization Activity	Units/Hrs	Rate	Amount
Value Stream Mapping & Analysis Identification of bottlenecks and waste in core workflows.	[0.00]	[\$[0.00]]	[\$[0.00]]
Business Process Re-engineering (BPR) Implementation of automated logic and standardized documentation.	[0.00]	[\$[0.00]]	[\$[0.00]]

Process Optimization Activity	Units/Hrs	Rate	Amount
Change Management & Training Stakeholder alignment workshops and transformation roadmap.	[0.00]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax (0%): \$[0.00]
Total Due: \$[0.00]

PAYMENT TERMS

Net 30. Please make checks payable to **Transformation Services**. For electronic bank transfers, use the routing details provided in the engagement letter.

"Efficiency is doing things right; effectiveness is doing the right things."