ERP CONSULTING INC.

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INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Contact Email]

PROJECT:

[ERP Implementation/Audit Name]
Phase: [Current Phase]

Service Description	Hours	Rate	Amount
Business Process Mapping & Requirements Analysis	[0.00]	$[0.00]	$[0.00]
System Configuration & Data Migration	[0.00]	$[0.00]	$[0.00]
User Acceptance Testing (UAT) Support	[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 ERP Consulting Inc.

Wire Transfer: Bank: [Bank Name] | Account: [00000000] | Routing: [000000000]

Thank you for your business.