IT STRATEGY CONSULTING

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

[Invoice Number]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

CLIENT INFORMATION

[Client Name / Company]
[Contact Person]
[Client Address]
[Client Email]

PROJECT REFERENCE

IT Roadmap & Digital Transformation
Phase: [Strategy/Assessment/Execution]
PO Number: [PO-0000]

Service Description	Hours/Qty	Rate	Amount
Current State Architecture Assessment	[0.00]	$[0.00]	$[0.00]
Gap Analysis & Target Operating Model Design	[0.00]	$[0.00]	$[0.00]

Service Description	Hours/Qty	Rate	Amount
3-Year Strategic Technology Roadmap	[0.00]	$[0.00]	$[0.00]
Stakeholder Alignment & Executive Presentation	[0.00]	$[0.00]	$[0.00]

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

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include Invoice Number as payment reference.

Thank you for your business.