CONSULTING INVOICE

[Consultancy Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Client Info:
[Client Company Name]
[Contact Name]
[Address Line 1]
Project Reference:
[Logistics Audit / Freight RFP]
PO Number: [000000]

Service Description	Rate / Unit	Qty / Hours	Total
Supply Chain Optimization Consulting	$0.00	0	$0.00
Freight Rate Benchmarking & Analysis	$0.00	0	$0.00
Carrier Contract Negotiations	$0.00	0	$0.00
Reimbursable Expenses (Travel/Admin)	$0.00	1	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Due: $0.00

Payment Terms: Net 30. Please make checks payable to [Consultancy Name].
Wire Transfer: [Bank Name] | **Account:** [00000000] | **Routing:** [000000000]
Thank you for your business.