INVOICE

[Consultancy Name]
[Street Address]
[City, State, Zip]
[VAT/Tax ID]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Company Name]
[Client Contact Name]
[Client Address]
[Client Tax ID]

PROJECT REFERENCE:

[Project Name/PO Number]
[Region: e.g., EMEA/APAC/US]

Service Description (Classification, Licensing, Audit)	Hours/Qty	Rate	Total
HTS/ECCN Classification Review	0.00	0.00	0.00
Export License Application Support	0.00	0.00	0.00
Global Trade Manual Development	0.00	0.00	0.00
Regulatory Audit & Gap Analysis	0.00	0.00	0.00

Subtotal: $0.00

Tax/VAT (%): $0.00

Grand Total: $0.00

Payment Instructions:
Bank Name: [Name] | SWIFT: [Code] | IBAN: [Number]
Please include Invoice Number as reference.

Terms: Net [30] Days. Thank you for your business.