[Consulting Firm Name]

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]

PROJECT REFERENCE:

[Inventory Audit / System Integration / Warehouse Optimization]

Description of Services	Hours/Qty	Rate	Amount
Inventory System Analysis & Workflow Mapping			
SKU Rationalization & Categorization			
Staff Training: Supply Chain Management			

Description of Services	Hours/Qty	Rate	Amount
Software Implementation Support			

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Instructions: Please make checks payable to [Consulting Firm Name] or transfer via [Bank Details].

Terms: Payment is due within [Number] days. Thank you for your business.