STRATEGY INVOICE

Last Mile Delivery Solutions

Invoice #: _____

Date: _____

From:
[Consultancy Name]
[Address Line 1]
[City, State, Zip]
Bill To:
[Client Name/Company]
[Address Line 1]
[City, State, Zip]

Strategy Component	Description	Hours/Unit	Rate	Total
Route Optimization Audit	Analysis of existing delivery density and paths.			
Carrier Mix Strategy	Selection of 3PL vs. In-house fleet modeling.			
Micro-Fulfillment Integration	Urban hub site selection and setup strategy.			

Strategy Component	Description	Hours/Unit	Rate	Total
Last Mile Tech Stack	TMS/WMS integration and driver app deployment.			

Subtotal: $_____

Tax: $_____

Total Balance Due: $_____

Payment Terms: Net 30. Please make checks payable to [Consultancy Name].

Thank you for choosing our delivery strategy services.