LOGISTICS OPTIMIZATION SERVICES

Network Analysis & Supply Chain Design

Invoice #: [0000]
Date: [Date]

From:
[Consultancy Name]
[Street Address]
[City, State, Zip]
[Tax ID / Business Registration]
Bill To:
[Client Name]
[Client Department]
[Street Address]
[City, State, Zip]

DESCRIPTION OF OPTIMIZATION SERVICE	METRIC/HOURS	RATE	AMOUNT
Baseline Network Modeling & Data Validation	[Qty]	[Rate]	[Total]
Route Optimization & Last-Mile Analysis	[Qty]	[Rate]	[Total]
Warehouse Location-Allocation Study	[Qty]	[Rate]	[Total]
Freight Spend Audit & Carrier Rationalization	[Qty]	[Rate]	[Total]

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

Total Due: $0.00

Payment Terms: [Net 30/Direct Deposit/Wire Transfer]
Project Reference: [Project ID or PO Number]

Thank you for choosing us to optimize your global supply chain operations.