INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

INVOICE #: [00000]
DATE: [MM/DD/YYYY]
DUE DATE: [MM/DD/YYYY]

CLIENT / LOGISTICS PROVIDER:

[Client Name]
[Department/Attn]
[Street Address]
[City, State, Zip]

PROJECT REFERENCE:

[Project ID or Purchase Order #]
[Warehouse/Facility Location]

Phase / Service Description	Units/Hours	Rate	Total
Supply Chain Audit & Bottleneck Analysis	[Qty]	$[0.00]	$[0.00]
Lean Process Implementation (Last Mile Delivery)	[Qty]	$[0.00]	$[0.00]
Warehouse Management System (WMS) Optimization	[Qty]	$[0.00]	$[0.00]

Phase / Service Description	Units/Hours	Rate	Total
Inventory Accuracy & Throughput Reporting	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]

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

Grand Total: $[0.00]

PAYMENT INSTRUCTIONS:

Bank Name: [Name]
Account Number / IBAN: [Number]
SWIFT/BIC: [Code]

Terms: Net [30] Days. Please include invoice number with your payment.