INVOICE

[Firm Name]
[Street Address]
[City, State, Zip]

INVOICE NUMBER [INV-000]
DATE [Month Day, Year]
BILLING PERIOD [Start Date - End Date]

BILL TO

[Client Company Name]
[Contact Person]
[Address Line 1]

PROJECT / ENGAGEMENT

[Advisory Engagement Name]
[Reference Code]

Description of Advisory Services	Hours	Rate	Amount
[Strategic Consulting - Phase I]	0.00	$0.00	$0.00
[Monthly Retainer Fee]	-	-	$0.00
[Market Research & Analysis]	0.00	$0.00	$0.00

Subtotal $0.00
Tax (%) $0.00
Total Balance Due $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
Account: [Number]
SWIFT/BIC: [Code]
Due Date: [Date]

Terms: Net 30. Please include invoice number with your remittance. Thank you for your business.