INVOICE

[Your Consulting Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Month Day, Year]
Due Date: [Month Day, Year]

BILL TO

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

PROGRAM REFERENCE

[Executive Advisory Quarter/Year]
[Contract Reference #]

Description	Hours/Qty	Rate	Amount
Executive Advisory Retainer Strategic oversight and monthly advisory sessions	[Qty]	$[0.00]	$[0.00]
Leadership Assessment & Reporting Quarterly performance diagnostics	[Qty]	$[0.00]	$[0.00]
On-site Strategy Workshop [Date of Session]	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total: $[0.00]

Payment Instructions:
Please make checks payable to [Your Name/Company] or wire transfer to:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for the opportunity to advise your executive team.