[ADVISORY FIRM NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE
[0000]
Date: [MM/DD/YYYY]
Due: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Contact Name]
[Client Business Name]
[Client Address]
[Client Email]

PROJECT REFERENCE

[Project Name/PO Number]
[Operations Strategy Phase]

Description of Advisory Services	Hours/Qty	Rate	Total
Operational Audit & Workflow Assessment	[0.0]	$[0.00]	$[0.00]
Supply Chain Optimization Strategy	[0.0]	$[0.00]	$[0.00]
SOP Documentation & Staff Training	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please make checks payable to: [Business Name]

Thank you for your business.