INVOICE

[Consultant Name/Firm]
[Address Line 1]
[Email/Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Client:

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

Project:

[Strategic Plan/Project Title]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Phase 1: Discovery & Stakeholder Interviews	0.00	$0.00	$0.00
Phase 2: Strategic Framework Development	0.00	$0.00	$0.00
Workshop Facilitation	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount Due: $0.00

Payment Terms: [Net 30/Wire Transfer/Check]

Notes: Thank you for the opportunity to assist with your strategic growth.