

# PMO CONSULTING

[Your Company Name]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

## INVOICE

**Invoice #:** [0000]  
**Date:** [Date]  
**Due Date:** [Date]

### BILL TO:

[Client Name]  
[Client Company]  
[Client Address]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
PMO Framework Development & Governance	0.00	\$0.00	\$0.00
Project Portfolio Management (PPM) Setup	0.00	\$0.00	\$0.00
Resource Allocation Analysis	0.00	\$0.00	\$0.00
Stakeholder Reporting & Dashboards	0.00	\$0.00	\$0.00

Subtotal: \$0.00  
Tax (0%): \$0.00  
Amount Due: \$0.00

---

**Payment Terms:** Please remit payment within 30 days via wire transfer or check.

**Notes:** Thank you for your business. For any questions regarding this invoice, please contact [Contact Name].