ADVISORY SERVICES

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

INVOICE

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

CLIENT INFORMATION

[Client Name/Entity]
[Project Name/Reference]
[Client Address]
[City, State, Zip]

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
Account: [Number]
Routing: [Number]
Reference: [Invoice #]

DESCRIPTION OF ADVISORY SERVICES	HOURS/QTY	RATE	AMOUNT
Feasibility Analysis: [Phase/Site Details]	-	-	$0.00
Entitlement & Permitting Support: [Details]	-	-	$0.00
Capital Stack Structuring: [Details]	-	-	$0.00

DESCRIPTION OF ADVISORY SERVICES	HOURS/QTY	RATE	AMOUNT
Reimbursable Expenses: [Description]	-	-	$0.00

Subtotal: $0.00
Tax/VAT: $0.00
Total Due: $0.00

Notes: Please include invoice number with your payment. Late payments may be subject to a [0]% monthly interest charge as per the Advisory Agreement.