[CONSULTANCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

[0000]
Date: [Month DD, YYYY]

CLIENT

[Client Name/Company]
[Attention To]
[Client Address]

PROJECT

[Project Name / Phase]
Due Date: [Date]

Service Description	Rate	Qty	Amount
Brand Identity Audit & Market Research	$0.00	1	$0.00
Strategic Positioning Workshop	$0.00	1	$0.00
Visual Style Guide & Asset Development	$0.00	1	$0.00

Subtotal $0.00

Tax $0.00
Total Amount $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include invoice number in payment reference.