INVOICE

[Consultancy Name]
[Street Address]
[City, State, Zip]

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

BILL TO:

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

PROJECT:

[Rebranding Strategy Phase]
Contract Ref: [ID-000]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Brand Audit & Competitive Analysis	[0.0]	$[0.00]	$[0.00]
Visual Identity Development (Logo, Palette)	[0.0]	$[0.00]	$[0.00]
Brand Guidelines Documentation	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total Due: $[0.00]

Payment Instructions:
Please include invoice number with your payment.
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]