

INVOICE

[Consultant/Firm Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO [Institution/Agency Name]

[Department/Contact Person]
[Address Line 1]
[City, State, Zip]

PROJECT DETAILS Project: [Policy Analysis/Program Evaluation]
Contract ID: [Reference Number]
Period: [Start Date] - [End Date]

Service Description	Hours/Qty	Rate	Amount
Legislative Research & Policy Briefing			
Stakeholder Engagement & Interviews			
Data Analysis & Evaluation Reporting			
Administrative/Reimbursable Expenses			
Subtotal: \$0.00			
Tax/VAT: \$0.00			
Total Due: \$0.00			

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Consultant/Firm Name]**.

For Wire Transfers: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: Net 30 days. Thank you for your partnership in education excellence.