

**POLICY ANALYSIS INVOICE**

Institutional Consulting Division

**Invoice #:** [0000]

**Date:** [MM/DD/YYYY]

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**CONSULTANT / PROVIDER**

[Name/Organization]

[Address Line 1]

[Email/Tax ID]

**BILL TO (INSTITUTION)**

[Client Name/University]

[Department/Office]

[Address Line 1]

<b>Service Description (Policy Area)</b>	<b>Hours/Units</b>	<b>Rate</b>	<b>Total</b>
Legislative Impact Assessment	0.0	\$0.00	\$0.00
Data Modeling & Academic Forecasting	0.0	\$0.00	\$0.00
Regulatory Compliance Review	0.0	\$0.00	\$0.00

<b>Service Description (Policy Area)</b>	<b>Hours/Units</b>	<b>Rate</b>	<b>Total</b>
Executive Briefing Materials	0.0	\$0.00	\$0.00

Subtotal: \$0.00  
Adjustments: \$0.00  
Amount Due: \$0.00

**PAYMENT INSTRUCTIONS**

Terms: Net 30. Please include invoice number with remittance. Bank details: [Account Info].