

# INVOICE

[Consultancy Name]  
[Address Line 1]  
[City, Country, Zip]

**Invoice #:** [000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

**BILL TO:**

[Client Institution/Ministry]  
[Contact Person Name]  
[Address Line 1]  
[City, Country]

**PROJECT REFERENCE:**

[Project ID / Policy Initiative Name]

Description of Policy Services	Hours/Units	Rate	Amount
Comparative Policy Analysis & Research	0.00	0.00	0.00
Stakeholder Consultation & Workshops	0.00	0.00	0.00
Strategic Framework Development	0.00	0.00	0.00
Travel & Administrative Expenses	-	-	0.00

Subtotal: 0.00  
Tax/VAT: 0.00  
Total Amount: \$0.00

**PAYMENT INSTRUCTIONS:**

Bank Name: [Name] | SWIFT/BIC: [Code] | Account: [Number]

*Thank you for your commitment to improving global education standards.*