

# INVOICE

Literacy Policy Development Services

**Invoice #:** [000]

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

**Consultant:**

[Name / Organization]

[Address Line 1]

[Email / Phone]

**Bill To:**

[Client Name / Agency]

[Department]

[Address Line 1]

Service Description	Hours/Qty	Rate	Total
Current Policy Analysis & Research			\$
Stakeholder Consultation & Interviews			\$
Drafting Literacy Framework Document			\$
Final Policy Review & Implementation Plan			\$
Subtotal: \$ 0.00			
Tax: \$ 0.00			

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**Total Amount Due: \$ 0.00**

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**Payment Instructions:**

Please make checks payable to: [Name]

Bank Transfer: [Account Details / IBAN]

Due Date: [MM/DD/YYYY]