INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

Bill To: (Retailer)
[Client Company Name]
[Attention: Name/Department]
[Street Address]
[City, State, Zip]
Project Reference:
[Project Name/PO Number]

Description of Change Management Services	Hours/Qty	Rate	Amount
Strategic Assessment & Gap Analysis			
Stakeholder Engagement & Communication Plan			
Retail Staff Training & Digital Adoption Workshops			
Organizational Alignment & Workflow Design			
Post-Implementation Support & KPI Tracking			

Subtotal: _____
Tax ([__]%): _____
Total Due: _____

Payment Instructions:
Bank: [Bank Name]
SWIFT/BIC: [Code]
Account Number: [Number]

Thank you for your partnership in evolving your retail operations.