INVOICE

Consultant Name / Agency

#INV-0000
Date: [Date]

CONSULTANT DETAILS

Address Line 1
City, State, Zip
Email / Phone

BILL TO

Retail Client Name
Attn: Department Name
Client Address

JOURNEY CONSULTING SERVICES	HOURS/QTY	RATE	TOTAL
Customer Persona Development Data analysis and segmentation of primary retail demographics.	-	-	-
Touchpoint Mapping Omnichannel journey audit (In-store, Mobile, Web).	-	-	-
Experience Gap Analysis Identification of friction points in the conversion funnel.	-	-	-

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

PAYMENT TERMS

Please make checks payable to [Name] or wire to [Bank Account]. Payment due within 30 days.