INVOICE

Retail Labor Consulting Group
123 efficiency Way
Chicago, IL 60601

Invoice #: [0000]
Date: [MM/DD/YYYY]

Client Information:
[Retailer Name]
[Store Number/Region]
[Contact Address]

Payment Terms:
Net 30 Days
Due Date: [MM/DD/YYYY]

Service Description	Units/Hours	Rate	Total
Workload Modeling & Standards Development	[0.0]	$[0.00]	$[0.00]
Labor Management System (LMS) Configuration	[0.0]	$[0.00]	$[0.00]
Store Manager Scheduling Training	[0.0]	$[0.00]	$[0.00]
Retail Demand Forecasting Analysis	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Due: $[0.00]

Notes: Please include invoice number with your payment. Thank you for your business.