CONSULTING SERVICES

123 POS Systems Ave
Retail Tech City, ST 12345

INVOICE

#INV-001
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Name]
[Retail Company Name]
[Address line 1]
[Address line 2]

PROJECT REFERENCE

POS Integration
Phase: [Implementation/UAT]
Consultant: [Name]

Service Description	Qty/Hrs	Rate	Total
API Integration - Middleware Configuration			
Inventory Database Sync & Mapping			
Hardware Peripheral Setup (Scanners/Printers)			
On-site Staff Training & Documentation			

Subtotal: $0.00

Tax (0%): $0.00
Amount Due: $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Please include invoice number in the payment reference.