CONSULTING INVOICE

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

BILL TO:
[Retail Client Name]
[Department/Attn]
[Client Address]
[Client City, State, Zip]

INVOICE DETAILS:
Invoice #: [00000]
Date: [Date]
Project: Retail Process Reengineering
PO #: [Reference Number]

Description of Services (Phase/Milestone)	Hours/Qty	Rate	Total
Current State Analysis Supply chain audit & store workflow mapping	0.00	$0.00	$0.00
BPR Strategy Development Gap analysis and lean implementation roadmap	0.00	$0.00	$0.00
Change Management & Training On-site staff workshops and SOP documentation	0.00	$0.00	$0.00

Subtotal: $0.00
Expenses/Materials: $0.00
Amount Due: $0.00

Payment Terms: [Net 30/Due on Receipt]
Payment Instructions: [Bank Name / SWIFT / Account Number]

Thank you for your business. For questions regarding this invoice, contact [Email/Phone].