CONSULTANCY NAME

Street Address
City, State, Zip
email@example.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Retail Client Name
Store Location/ID
Billing Address
City, State, Zip

PROJECT DETAILS

Project: Staff Productivity Audit
Period: _____ to _____

Service Description	Units / Hours	Rate	Total
Operational Workflow Analysis (In-Store)			
Labor Scheduling Optimization Review			
Staff Training & Performance Workshops			

Service Description	Units / Hours	Rate	Total
KPI Reporting & Productivity Dashboard Set-up			

Subtotal: $0.00
Tax (___%): $0.00
Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consultancy Name]** or transfer via ACH to Account: _____ Routing: _____. Thank you for your business.