# RETAIL SUPPLY CHAIN ADVISORY

[Street Address]
[City, State, Zip]
[Email / Phone]

# INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

**[Client Company Name]**
[Contact Person]
[Street Address]
[City, State, Zip]

PROJECT / REFERENCE

[Project Name or PO Number]
[Consultant Name]

| DESCRIPTION OF SERVICES | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| Supply Chain Audit & Gap Analysis | [0] | $[0.00] | $[0.00] |
| Logistics Optimization Consulting | [0] | $[0.00] | $[0.00] |
| Vendor Management System (VMS) Implementation | [0] | $[0.00] | $[0.00] |

Subtotal: $[0.00]
Tax: $[0.00]
Total Amount: $[0.00]

**PAYMENT INSTRUCTIONS**

Please make checks payable to: **Retail Supply Chain Advisory**
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business.*