INVOICE

Retail Workflow Consulting Services

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

BILLED TO:
[Client Company Name]
[Client Contact Name]
[Client Address]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]
Project: [e.g., Inventory System Integration]

Service Description	Hours/Qty	Rate	Amount
Retail Process Audit & Gap Analysis			
Workflow Automation Design (ERP/POS)			
Custom Scripting & API Integration			
Staff Training & Documentation			

Subtotal: $0.00
Tax: $0.00

Total Amount Due: $0.00

Payment Terms: Net [30] days. Please make checks payable to [Consultancy Name].
Wire Transfer: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Thank you for your business. We look forward to optimizing your operations.