CONSULTANCY NAME

123 Efficiency Way
Design District, ST 12345

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Client Name
Store Location / Name
Street Address
City, State, Zip

PROJECT:

Store Layout Efficiency Audit
PO #: _____

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
Initial Floor Plan Analysis & Heat Mapping			$0.00
Aisle Optimization & Product Placement Strategy			$0.00

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
Customer Flow Simulation & Bottleneck Reduction			$0.00
On-site Implementation Oversight			$0.00

Subtotal: $0.00
Tax: $0.00
TOTAL DUE: $0.00

Payment Terms: Due within 30 days. Please make checks payable to Consultancy Name.

Thank you for your business.