

LOSS PREVENTION INVOICE

[Consultant Name/Agency]
[Address Line 1]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Company Name]
[Contact Person]
[Address Line 1]
[City, State, Zip]

PROJECT REFERENCE

Location: [Store/Facility Name]
Project: [e.g., Risk Assessment / Audit]

Description of Services	Rate/Unit	Qty/Hrs	Amount
Security Risk Assessment & Store Audit	\$0.00	0	\$0.00
Shrinkage Analysis & Strategy Report	\$0.00	0	\$0.00
Staff Training: Internal Theft Prevention	\$0.00	0	\$0.00
Travel & On-site Expenses	\$0.00	1	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Consultant Name] or via Bank Transfer: [Account Details].

Notes: All consulting deliverables are subject to the terms of the signed Loss Prevention Service Agreement.