INVOICE

Hotel Concept Development

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

Client:
[Client Name / Hotel Group]
[Project Name/Property]
[Client Address]
Invoice #: [0000]

Date: [Date]

Due Date: [Date]

DESCRIPTION OF CONSULTING SERVICES	RATE	QTY/HRS	TOTAL
Market Research & Feasibility Analysis	$0.00	0	$0.00
Brand Identity & Creative Direction	$0.00	0	$0.00
F&B Strategy & Programming	$0.00	0	$0.00
Interior Design Briefing & FF&E Advisory	$0.00	0	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions:
Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Terms:
Please include the invoice number with your payment. Late payments are subject to a fee of [0%].