INVOICE

Hotel Opening Consulting Services

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Consultant:
[Consultancy Name]
[Street Address]
[City, State, Zip]
[Email/Phone]
Client / Property:
[Hotel Name/Ownership Group]
[Project Site Address]
[Attn: Contact Name]
[Email/Phone]

Service Description (Phase/Milestone)	Hours/Qty	Rate	Total
Pre-Opening Strategy & Critical Path Development			
Standard Operating Procedures (SOP) Manuals			
Staff Recruitment & Leadership Training			
FF&E Procurement Oversight			
Marketing & Soft Launch Coordination			

Subtotal: $0.00

Reimbursable Expenses: $0.00

Total Amount Due: $0.00

Payment Instructions:
Bank Name: [Name]
Account Number: [Number]
Routing/SWIFT: [Code]

Thank you for your partnership in this hotel launch.