[CONSULTANCY NAME]

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

INVOICE

[00001]
Date: [Month DD, YYYY]

CLIENT

[Client Name / Hotel Group]
[Attn: Name/Department]
[Street Address]
[City, State, Zip]

PROJECT / REF

[Property Name / Project Phase]
Due Date: [Month DD, YYYY]
PO Number: [Optional]

Service Description	Hours/Qty	Rate	Amount
[Service Item: e.g., Operational Audit & Efficiency Report]	[0.00]	[$0.00]	[$0.00]
[Service Item: e.g., F&B Concept Development]	[0.00]	[$0.00]	[$0.00]

Service Description	Hours/Qty	Rate	Amount
[Expense Reimbursement: e.g., Travel/Site Visit]	[1.00]	[$0.00]	[$0.00]

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

PAYMENT INSTRUCTIONS

Bank Name: [Name]
Account Name: [Name]
SWIFT/IBAN: [Code]
Please include Invoice # as reference.