INVOICE

[Consultancy Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Restaurant Name]
[Contact Person]
[Street Address]
[City, State, Zip]

PROJECT / ENGAGEMENT:

[Operations Audit / Menu Engineering / Training]

DESCRIPTION OF ADVISORY SERVICES	HOURS/QTY	RATE	AMOUNT
Operational Workflow Analysis & Labor Optimization	0.0	$0.00	$0.00
Menu Engineering & Costing Review	0.0	$0.00	$0.00
Staff Training & Service Standard Implementation	0.0	$0.00	$0.00
Miscellaneous Expenses (Travel/Supplies)	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: [Consultancy Name]
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.