INVOICE

Project: Board Committee Effectiveness

Invoice #: [000]
Date: [Date]

PROVIDER

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

CLIENT

[Organization Name]
[Attn: Board Secretary/Chair]
[Street Address]
[City, State, Zip]

Description of Services	Hours/Qty	Rate	Amount
Committee Charter Review & Gap Analysis	-	-	$0.00
Stakeholder Interviews & Board Surveys	-	-	$0.00
Effectiveness Benchmarking Report	-	-	$0.00
Facilitated Governance Workshop	-	-	$0.00

Subtotal $0.00
Tax / Expenses $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Consultant Name] or via Wire Transfer to [Account Info]. Payment is due within 30 days of receipt.