INVOICE

INV-0000

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

BILL TO

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

DETAILS

Issue Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Project: Board Performance Evaluation

Description	Qty/Hrs	Rate	Amount
Board Member Questionnaires & Data Collection	-	$0.00	$0.00
One-on-One Director Interviews	0	$0.00	$0.00
Analysis & Performance Report Preparation	-	$0.00	$0.00
Board Presentation & Facilitated Discussion	1	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00

Total Due $0.00

Payment Instructions: Please make checks payable to [Consultancy Name] or use wire transfer details: [Bank Name] / [Account Number].

Thank you for the opportunity to support your board's governance journey.