[ORGANIZATION NAME]

[Street Address]
[City, State, Zip]
[Tax ID / Registration No.]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO (CLIENT GOVERNANCE UNIT)

[Client Corporation Name]
[Attention: Board of Directors / Secretariat]
[Client Address]
[Contact Email]

REFERENCE / ENGAGEMENT

Project: [Governance Restructuring]
Consultant: [Name/Lead]
PO Number: [Reference No.]

Governance Service / Component	Description	Rate/Unit	Amount
Board Structure Review	Analysis of board composition and committee charters.	$0.00	$0.00
Compliance Framework	Statutory compliance audit and regulatory alignment.	$0.00	$0.00

Governance Service / Component	Description	Rate/Unit	Amount
Executive Oversight Support	Development of reporting lines and delegation of authority.	$0.00	$0.00

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

PAYMENT INSTRUCTIONS & GOVERNANCE NOTES

Bank: [Bank Name] | Account: [Number] | SWIFT/BIC: [Code]

Terms: Net [30] days. All services rendered in accordance with the Corporate Governance Advisory Agreement dated [Date].