INVOICE

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

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Client:
[Client Company Name]
[Attention: Name/Department]
[Client Address]
Project Reference:
[Policy Suite Name/Contract ID]

Description of Policy Services	Hours/Qty	Rate	Total
Phase 1: Needs Assessment & Gap Analysis	[0.00]	$[0.00]	$[0.00]
Drafting: [Policy Name, e.g., Code of Conduct]	[0.00]	$[0.00]	$[0.00]
Legal Compliance Review & Revision	[0.00]	$[0.00]	$[0.00]
Stakeholder Workshops & Implementation Strategy	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Amount Due: $[0.00]

Payment Instructions: [Bank Name / Account # / Wire Transfer Details]

Terms: Please remit payment within [30] days of invoice date.