INVOICE

[Your Consultancy Name]
[Business Registration Number]
[Address Line 1]
[Email/Phone]

Invoice #: [0000]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

Client Information:

[Client Company Name]
[Point of Contact]
[Client Address]
[Tax ID/VAT Number]

Project Reference:

[Regulatory Framework Name]
[Compliance Quarter/Year]
[Project Code]

SERVICE DESCRIPTION	HOURS/UNITS	RATE	TOTAL
Gap Analysis & Regulatory Risk Assessment	[0.00]	$[0.00]	$[0.00]
Compliance Framework Strategy & Roadmap	[0.00]	$[0.00]	$[0.00]
Policy Documentation & SOP Development	[0.00]	$[0.00]	$[0.00]

SERVICE DESCRIPTION	HOURS/UNITS	RATE	TOTAL
Regulatory Filing Support & Audit Readiness	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

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

Total Due: $[0.00]

Payment Instructions:

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

Notes: Please include invoice number as payment reference. All strategy deliverables are subject to the terms of the Master Service Agreement (MSA).