[CONSULTANCY NAME]

STRATEGY & IMPLEMENTATION

INVOICE

No: #INV-0000
Date: [Date]
Due Date: [Date]

FROM

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

BILL TO

[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]

DESCRIPTION OF SERVICES / MILESTONE	HOURS/QTY	RATE	AMOUNT
[Project Phase/Title] [Brief description of deliverables or professional services rendered]	0.00	$0.00	$0.00
[Project Phase/Title] [Brief description of deliverables or professional services rendered]	0.00	$0.00	$0.00
Reimbursable Expenses [Travel, Software licenses, or Materials]	-	-	$0.00

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

PAYMENT INSTRUCTIONS & NOTES

Please make all checks payable to **[Company Name]**.

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Late Fee: A 1.5% monthly interest charge applies to all overdue balances.