[CONSULTING FIRM NAME]
[Address Line 1]
[City, Country, Postcode]
[VAT / Tax ID Number]

INVOICE

Reference: [INV-000]
Date: [DD/MM/YYYY]

CLIENT

[Client Company Name]
[Contact Name]
[Client Address]
[Client Country]

ENGAGEMENT DETAILS

Project: [Project Name/Code]
Billing Period: [Date Range]
Currency: [USD/EUR/GBP]

DESCRIPTION OF SERVICES	UNITS / HOURS	RATE	AMOUNT
[Consulting Service Name / Milestone Description]	[0.00]	[0.00]	[0.00]
[Additional Professional Services]	[0.00]	[0.00]	[0.00]
[Reimbursable Expenses - Travel/Admin]	[1.00]	[0.00]	[0.00]

Subtotal: [0.00]
Tax / VAT ([0]%): [0.00]
Total Balance Due: [CURRENCY] [0.00]

WIRE TRANSFER INSTRUCTIONS

Beneficiary: [Account Name]
Bank Name: [Bank Name]
SWIFT/BIC: [SWIFT Code]
IBAN: [IBAN Number]
Routing/Sort Code: [Code]

Payment Terms: Net [30] Days. Please include invoice number in payment reference.

Contact [Email Address] for billing inquiries.