[PRACTICE NAME]

STRATEGIC ADVISORY

INVOICE

CONSULTANT

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

BILL TO

[Client Name]
[Client Company]
[Client Address]

INVOICE NUMBER

#INV-001

DATE OF ISSUE

[Month Day, Year]

ENGAGEMENT DESCRIPTION	RATE	HOURS/QTY	TOTAL
[Service Item / Project Phase Name]	$0.00	0.0	$0.00
[Service Item / Project Phase Name]	$0.00	0.0	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Balance $0.00

PAYMENT TERMS

Net [30] days from date of invoice. Please make checks payable to [Practice Name] or via wire transfer to: [Bank Details / Routing Number / Account Number].