INVOICE

ID: [Invoice #]
Date: [Date]

[Consultancy Name]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

PAYMENT TERMS

Net [30] Days
Due Date: [Date]

Description of Services	Hours/Qty	Rate	Amount
[Service Item 1: e.g., Strategic Financial Planning]	0.00	$0.00	$0.00
[Service Item 2: e.g., Portfolio Risk Assessment]	0.00	$0.00	$0.00
[Service Item 3: e.g., Tax Optimization Consulting]	0.00	$0.00	$0.00

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

Total Amount: $0.00

Notes & Payment Instructions:

Please include invoice number with your payment. Direct bank transfers preferred: [Bank Name] | [Account Number] | [Routing Number]. Thank you for your business.