[CONSULTANCY NAME]

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

INVOICE

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

CLIENT

[Client Company Name]
[Attn: Contact Name]
[Client Address]
[City, State, Zip]

PROJECT / REFERENCE

[Project Name/Code]
Operations Optimization Review
PO #: [Optional]

SERVICE DESCRIPTION	QTY/HOURS	RATE	TOTAL
[Service Title] [Detailed description of operational analysis, process mapping, etc.]	[0.0]	$[0.00]	$[0.00]
[Service Title] [Implementation support or change management details]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
Total Due: $[0.00]

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Please include Invoice # in payment reference. Net [30] days.