INVOICE

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

Invoice #: [00001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Client:

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

Project Reference:

[Project Name/Code]
[Consultant Name/ID]

Description of Strategy Services	Hours/Qty	Rate	Amount
[Service Title: e.g., Market Analysis & Research]	[0.00]	$[0.00]	$[0.00]
[Service Title: e.g., Strategic Planning Workshop]	[0.00]	$[0.00]	$[0.00]
[Service Title: e.g., Implementation Roadmap]	[0.00]	$[0.00]	$[0.00]

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

Total Amount: $[0.00]

Payment Instructions:
Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]
Terms: [e.g., Net 30 Days]. Please include invoice number with payment.