

INVOICE

[Consultancy Name]
[Address Line 1]
[Email / Phone]

Invoice #: [0000]
Date: [Month Day, Year]
Period: [Month, Year]

BILL TO

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

DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Operations Consulting Retainer Standard monthly management, process optimization, and strategic advisory.	1	\$0.00	\$0.00
Additional Services / Overage Hours exceeding monthly retainer cap (if applicable).	0	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Total Due: \$0.00

Payment Terms: Due within [X] days of receipt.

Payment Instructions: [Bank Transfer Details / Payment Link]

Thank you for your business.