

INVOICE

[Company Name]

[Address Line 1]

[Email / Contact]

INVOICE NUMBER

#

DATE

CLIENT / BILL TO

[Client Company Name]

[Contact Name]

[Client Address]

PAYMENT TERMS

Net 30

PERIOD

[Month, Year]

DESCRIPTION OF STRATEGIC SERVICES

QUANTITY

AMOUNT

Monthly Strategic Advisory Retainer

1

\$0.00

[Additional Service / Overage Hours]

-

\$0.00

Subtotal \$0.00

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

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Please include invoice number in the payment reference.