

[CONSULTANCY NAME]

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

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Company Name]
[Attention: Name/Department]
[Street Address]
[City, State, Zip]

PROJECT REFERENCE

[Project Name/Code]
Engagement Period: [Start] - [End]
PO Number: [Reference]

Description of Strategic Services	Fixed Fee Amount
[Phase/Deliverable Name] [Brief description of strategic scope, e.g., Market Analysis, Growth Roadmap]	[0.00]
[Phase/Deliverable Name] [Brief description of strategic scope]	[0.00]
Subtotal	[0.00]

Tax ([0]%)

[0.00]

Total Due

[\$0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account Name: [Name] | Account #: [0000] | Routing/SWIFT: [0000]

Thank you for your partnership in shaping your corporate strategy.