

INVOICE

[Consultancy Name]
[Healthcare Practice Address]
[Phone Number] | [Email]

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

BILL TO:

[Client Facility Name]
[Contact Name]
[Street Address]
[City, State, Zip]

Service Description	Project Type	Amount
[e.g., Clinical Workflow Optimization - Fixed Phase 1]	Fixed Rate	\$0.00
[e.g., Compliance & Regulatory Audit]	Fixed Rate	\$0.00
[e.g., EHR Implementation Oversight]	Fixed Rate	\$0.00

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

Payment Instructions:

Please make checks payable to [Consultancy Name].

ACH/Wire Transfer: [Routing #] | [Account #]

Terms:

Payment is due within [30] days. Thank you for your business.