

[CONSULTING FIRM NAME]

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

INVOICE

Invoice #: [00001]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]

CLIENT / BILL TO

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

PROJECT REFERENCE

Project: [Project Name/ID]
PO Number: [Reference Number]
Period: [Start Date] - [End Date]

| Description of Deliverables / Milestones | Amount |
|---|----------|
| [Milestone 1: e.g., Strategy Assessment & Gap Analysis] | \$0.00 |
| [Milestone 2: e.g., Implementation Roadmap] | \$0.00 |
| [Fixed Fee Adjustment/Retainer Credited] | (\$0.00) |

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

Total Amount Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consulting Firm Name]**.
Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Terms: Net [30] Days.