CROSS BORDER CONSULTING

123 Global Avenue, Financial District
London, EC1A 4JQ, UK
VAT: GB123456789

INVOICE

No: [INV-000]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

CLIENT INFORMATION

[Client Name]
[Street Address]
[City, State, Zip]
[Country]
Tax ID: [If Applicable]

PROJECT REFERENCE

Project: [Name/Code]
PO Number: [Reference]
Currency: [USD/EUR/GBP]

Description of Services	Quantity/Hours	Rate	Amount
Strategic Market Entry Analysis - Phase 1	[0.00]	[0.00]	[0.00]
Cross-Border Regulatory Compliance Advisory	[0.00]	[0.00]	[0.00]
International Tax Structuring Consultation	[0.00]	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT (%): [0.00]

Total Due: [0.00]

WIRE TRANSFER INSTRUCTIONS

Bank: [Bank Name] | SWIFT/BIC: [Code] | IBAN: [Number]
Routing (Domestic): [Number] | Account Name: Cross Border Management Consulting Ltd.

Thank you for your business. Please include invoice number in payment reference.