INVOICE

[Consultant/Company Name]
[Address Line 1]
[City, Country, Zip]
Tax ID: [Number]

Invoice #: [0000]
Date: [Date]
Project Code: [Reference]
Currency: [USD/EUR/GBP]

BILL TO:
[Client Name]
[Overseas Client Address]
[Country]
[VAT/Tax Registration Number]

PROJECT DETAILS:
[Project Name]
[Consulting Phase/Period]
[Contract Reference]

Description of Services	Hours/Units	Rate	Amount
[Service Item 1: e.g., Strategic Advisory]	0.00	0.00	0.00
[Service Item 2: e.g., Market Analysis]	0.00	0.00	0.00
[Expense Reimbursable: e.g., International Travel]	1	0.00	0.00

Subtotal: 0.00
Tax/VAT (0%): 0.00
Total Due: [Currency] 0.00

INTERNATIONAL WIRE TRANSFER DETAILS:

Bank Name: [Bank Name]
Account Holder: [Name]
IBAN / Account #: [Number]
SWIFT / BIC: [Code]
Intermediary Bank (if applicable): [Details]

Notes: Payment is due within [Number] days. Late payments may be subject to interest. Services provided are subject to cross-border tax regulations.