

INVOICE

[Your Company Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Company Name]
[Client Address]

PROJECT:

Change Leadership Training Program

Description	Units/Hrs	Rate	Amount
Change Management Workshop - Module 1			
Leadership Coaching Sessions			
Training Materials & Assessment Tools			

Description	Units/Hrs	Rate	Amount
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Strategic Implementation Consulting

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS

Bank: [Name] | Account: [Number] | Routing: [Number]
Please include the invoice number as a reference.

Thank you for investing in leadership excellence.