

# INVOICE

[Organization Name]  
[Address Line 1]  
[Email/Phone]

INVOICE # [00001]

DATE [MM/DD/YYYY]

**BILL TO:**

[Client Name]  
[Client Project Lead]  
[Client Address]

**PROJECT DETAILS:**

**Ref:** [Change Management Initiative Name]  
**Phase:** [e.g., Implementation/Sustainment]

DESCRIPTION OF SERVICES	UNITS/HRS	RATE	TOTAL
Stakeholder Impact Analysis & Assessment	-	-	-
Communication Plan Development & Delivery	-	-	-
Training Sessions & Material Production	-	-	-
Resistance Management & Coaching Support	-	-	-

Subtotal: \$0.00  
Tax/Fees: \$0.00  
TOTAL DUE: \$0.00

**NOTES / PAYMENT INSTRUCTIONS:**

Payment due within [30] days. Please include invoice number with remittance.