

# INVOICE

**Change Management Office**

[Street Address]

[City, State, Zip]

**Invoice #:** [000]

**Date:** [Date]

**Due Date:** [Date]

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**Bill To:**

[Client Name]

[Department / Business Unit]

[Client Address]

**Project Reference:**

[Project Name/Code]

[PO Number]

Description of Services	Hours/Qty	Rate	Total
Stakeholder Impact Analysis	[0.0]	[\$[0.00]]	[\$[0.00]]
Communication Plan Execution	[0.0]	[\$[0.00]]	[\$[0.00]]
Training Materials Development	[0.0]	[\$[0.00]]	[\$[0.00]]
Change Readiness Assessment	[0.0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

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**Balance Due: \$[0.00]**

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**Payment Instructions:**

Please make checks payable to [Account Name] or transfer via [Bank Details].

*Thank you for your partnership in driving organizational excellence.*