

INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Email / Website]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Contact Name]
[Client Company Name]
[Department / Division]
[Client Address]

PROJECT REFERENCE

Project: [Strategy Name / Phase]
PO Number: [Reference #]
Consultant: [Lead Consultant Name]

Service Description	Hours/Qty	Rate	Total
Stakeholder Impact Analysis & Mapping	[00]	[\$[0.00]]	[\$[0.00]]
Communication Strategy & Content Development	[00]	[\$[0.00]]	[\$[0.00]]
Leadership Alignment Workshops	[00]	[\$[0.00]]	[\$[0.00]]

Service Description	Hours/Qty	Rate	Total
Training Needs Assessment & Execution	[00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax / Adjustment: \$[0.00]
Total Amount Due: \$[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consulting Firm Name]**.
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Payment is due within [30] days of invoice date.