

# [CONSULTING FIRM NAME]

[Street Address]

[City, State, Zip]

[Email/Phone]

## INVOICE

### BILL TO:

[Client Company Name]

[Attention: Name/Department]

[Street Address]

[City, State, Zip]

### INVOICE DETAILS:

**Invoice #:** [00000]

**Date:** [MM/DD/YYYY]

**Project:** [Merger/Acquisition Name]

**Due Date:** [MM/DD/YYYY]

Service Description (Phase/Workstream)	Hours/Units	Rate	Total
<b>Pre-Day 1 Readiness Planning</b> Functional workstream integration & synergy tracking.	[0.0]	[\$0.00]	[\$0.00]
<b>Post-Merger Integration (PMI) Support</b> Cultural alignment and operational workflow design.	[0.0]	[\$0.00]	[\$0.00]
<b>Technology &amp; Systems Consolidation</b> IT infrastructure audit and data migration oversight.	[0.0]	[\$0.00]	[\$0.00]
<b>Reimbursable Expenses</b> Travel, lodging, and project-specific overhead.	[1.0]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax/VAT: \$[0.00]

Total Balance Due: \$[0.00]

---

**PAYMENT INSTRUCTIONS:**

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your partnership during this transition.*