

INVOICE

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

Invoice #: [000]
Date: [Date]
Due Date: [Date]

CLIENT

[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

PROJECT

[Project Title / Reference]
[Consultant Name]

Description of Services	Hours/Qty	Rate	Amount
Organizational Diagnostics & Assessment	0.0	\$0.00	\$0.00
Structure Design & Workforce Modeling	0.0	\$0.00	\$0.00
Change Management & Stakeholder Alignment	0.0	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
<hr/> Total Due: \$0.00			

PAYMENT INSTRUCTIONS

Please make checks payable to [Consultancy Name] or transfer to:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]