

# INVOICE

Resistance Management Strategy Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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CONSULTANT / AGENCY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLIENT / ORGANIZATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strategy Component / Deliverable	Hours/Qty	Rate	Amount
<b>Stakeholder Resistance Assessment</b> Analysis of barriers and psychological friction points.			
<b>Communication &amp; Mitigation Planning</b> Development of tactical messaging and intervention frameworks.			
<b>Training &amp; Coaching Workshops</b> Equipping leadership with change management tools.			
<b>Monitoring &amp; Feedback Loops</b> Ongoing evaluation of strategy effectiveness.			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL DUE: \$** \_\_\_\_\_

**PAYMENT TERMS & NOTES**

Please make checks payable to \_\_\_\_\_.

Payment is due within \_\_\_\_\_ days of receipt.