

# INVOICE

[Consultancy Name]  
[Street Address]  
[City, State, Zip]

**Invoice #:** [000]  
**Date:** [YYYY-MM-DD]  
**Due Date:** [YYYY-MM-DD]

**BILL TO:**

[Client Name]  
[Client Company]  
[Client Address]

**PROJECT:**

[Agile Transformation / Sprint Cycle Name]

Description	Units (Hrs/Days)	Rate	Amount
Agile Coaching & Sprint Facilitation	0.00	\$0.00	\$0.00
Operations Strategy & Backlog Grooming	0.00	\$0.00	\$0.00
Process Automation Implementation	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

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**Total Amount Due: \$0.00**

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**Payment Terms:** Net [30] days. Please make checks payable to [Consultancy Name].

**Wire Transfer:** Bank: [Name] | Account: [Number] | Routing: [Number]