

INVOICE

Consultancy Name
Address Line 1
City, State, Zip
Email@example.com

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

Client Name / Company
Client Address
City, State, Zip
Attn: Project Manager

Project Reference:

Project Name: [Lean/Six Sigma Initiative]
PO Number: [000000]

Description of Services	Hours/Qty	Rate	Amount
Process Mapping & Value Stream Analysis	0.00	\$0.00	\$0.00
Root Cause Analysis Workshop Facilitation	0.00	\$0.00	\$0.00
Kaizen Event Oversight & Implementation Support	0.00	\$0.00	\$0.00

Description of Services	Hours/Qty	Rate	Amount
Project Management & Reporting	0.00	\$0.00	\$0.00
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Subtotal: \$0.00			
Tax (0%): \$0.00			
Total Amount: \$0.00			

Payment Terms: Net 30. Please make checks payable to [Consultancy Name].
Wiring Instructions: Bank: [Name] | Account: [Number] | Routing: [Number]
Thank you for your business and commitment to excellence.