

PROCESS EXCELLENCE CONSULTING

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INVOICE

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

BILL TO

[Client Contact Name]
[Client Company Name]
[Client Address Line 1]
[City, State, ZIP]

CONSULTING ENGAGEMENT

Lead Consultant: [Consultant Name]
Engagement Type: [Six Sigma / Lean / BPM]
PO Number: [PO #]

Service Description	Hours/Qty	Rate	Total
[Phase 1: Discovery & Value Stream Mapping]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Phase 2: Process Optimization & Implementation]	[0.00]	[\$[0.00]]	[\$[0.00]]

Service Description	Hours/Qty	Rate	Total
[Change Management Training Workshops]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax (0%): \$[0.00]
Total Amount: \$[0.00] USD

Payment Terms: Net 30. Please make checks payable to Process Excellence Consulting.

Wire Transfer: Bank Name: [Bank Name] | Routing: [000000000] | Account: [0000000000000]

Thank you for your business. Let's drive efficiency together.