

LEAN SIX SIGMA CONSULTING

[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

[Client Name]
[Contact Person]
[Address]
[City, State, Zip]

PROJECT REFERENCE

Project: [DMAIC Phase / Project Name]
PO Number: [Number]

DESCRIPTION OF SERVICES	PHASE	HOURS/QTY	RATE	AMOUNT
Value Stream Mapping & Waste Identification	Define/Measure			
Root Cause Analysis & Statistical Modeling	Analyze			
Kaizen Event Facilitation	Improve			

DESCRIPTION OF SERVICES	PHASE	HOURS/QTY	RATE	AMOUNT
Control Plan Development & Training	Control			

Subtotal: \$0.00
Tax Rate: 0.00%
Total Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Consulting Firm Name]**.
Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

"Efficiency is doing things right; effectiveness is doing the right things."