

CONSULTANCY NAME

Operational Excellence Division
123 Strategy Way, Business District
City, State, Zip

INVOICE

Invoice #: [00000]

Date: [Date]

Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Contact Name]

PROJECT:

[Project Name/Reference]
PO Number: [00000]

SERVICE DESCRIPTION	UNITS / HOURS	RATE	TOTAL
Operational Assessment & Value Stream Mapping	[00.00]	[\$[0.00]]	[\$[0.00]]
Process Optimization & Lean Implementation	[00.00]	[\$[0.00]]	[\$[0.00]]

SERVICE DESCRIPTION	UNITS / HOURS	RATE	TOTAL
Change Management & Stakeholder Training	[00.00]	[\$[0.00]	[\$[0.00]

Subtotal: \$[0.00]

Tax/VAT: \$[0.00]

Total Amount Due: \$[0.00]

Payment Terms: Net 30 Days. Please include invoice number with payment.
Bank Details: [Bank Name] | **Account:** [Number] | **Routing/Swift:** [Code]
Thank you for your partnership in driving operational excellence.