

[Consulting Firm Name]

Manufacturing Excellence Division

[Street Address]

[City, State, Zip]

INVOICE

BILL TO: [Client Company Name]

[Client Contact Name]

[Client Street Address]

[City, State, Zip]

INVOICE DETAILS: Invoice #: [00000]

Date: [Date]

Project: [Project Name/ID]

Due Date: [Date]

Service Description	Hours/Qty	Rate	Total
Lean Manufacturing Assessment & Gap Analysis			
Six Sigma Process Optimization Workshop			
Supply Chain Resilience Strategy			
On-site Implementation Support			
Subtotal: \$0.00			
Tax: \$0.00			

Amount Due: \$0.00

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

Thank you for partnering with us to achieve operational excellence.