

INVOICE

Operational Excellence Consulting

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Company]
[Client Address]

PROJECT REFERENCE:

[Project Name/PO Number]
[Consultant Name]

Service Description	Hours/Qty	Rate	Amount
Lean Process Mapping & Value Stream Analysis	0.00	\$0.00	\$0.00
Kaizen Event Facilitation	0.00	\$0.00	\$0.00
Operational Audit & Benchmarking	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00

Total Amount Due: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to [Consulting Firm Name].

Wire Transfer Details: [Bank Name] | [Account Number] | [Routing Number]