

INVOICE

[Consultancy Name]

[Business Address]

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

BILL TO

[Client Company Name]

[Contact Person Name]

[Client Address]

PROJECT REFERENCE

[Project Title / Code]

[Consultant Name]

DESCRIPTION OF SERVICES	UNITS/HOURS	RATE	AMOUNT
Organizational Assessment: Gap analysis and leadership interviews	[00]	[0.00]	[0.00]
Org Structure Design: Future-state modeling and reporting lines	[00]	[0.00]	[0.00]
Workforce Planning: Capability mapping and role definitions	[00]	[0.00]	[0.00]
Change Management: Implementation roadmap and communication strategy	[00]	[0.00]	[0.00]
Subtotal [0.00]			
Tax ([0]%) [0.00]			
Total Amount \$[0.00]			

Payment Instructions:

Bank: [Bank Name] | Account: [Account Number] | Routing: [Routing Number]

Notes: Net [30] days. Please include invoice number with payment.