

# PERFORMANCE EXCELLENCE CONSULTING

123 Strategy Drive, Suite 100  
Business City, ST 12345  
contact@performance-exc.com

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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### BILL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROJECT:

\_\_\_\_\_

DESCRIPTION OF CONSULTING SERVICES	HOURS/QTY	RATE	TOTAL

Subtotal: \$0.00  
Tax: \$0.00

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**TOTAL: \$0.00**

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**Payment Instructions:**

Please make checks payable to "Performance Excellence Consulting".

Bank Transfer: Bank Name | Account: XXXXXXXX | Wire/Routing: XXXXXXXX

*Thank you for your business.*