

CONSULTANCY NAME

123 Process Way
Efficiency City, ST 12345
contact@consultancy.com

INVOICE

#INV-0001
Date: [Date]
Due Date: [Date]

BILL TO:

Client Company Name
Attn: Project Manager
456 Industrial Blvd
Production Hub, ST 67890

PROJECT:

Process Optimization &
Workflow Automation

Service Description	Rate	Hours/Qty	Amount
Initial Audit & Value Stream Mapping	\$0.00	0	\$0.00
Six Sigma Analysis & Bottleneck Identification	\$0.00	0	\$0.00
Implementation Oversight & Training	\$0.00	0	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **Consultancy Name**. For wire transfers, use Bank: [Name] | Account: [Number] | Routing: [Number]. Payment is due within 30 days.