

[CONSULTANCY NAME]

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

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT

[Client Company Name]
[Contact Name]
[Address]
[City, State, Zip]

PROJECT REFERENCE

[Workflow Audit / Automation Setup / Implementation Phase]

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
Process Mapping & Audit Analysis of current state bottlenecks.	[0.00]	[\$[0.00]]	[\$[0.00]]
Automation Implementation Integration of [Tool Name] workflows.	[0.00]	[\$[0.00]]	[\$[0.00]]

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
Team Training & Documentation Custom SOPs and hand-off sessions.	[0.00]	[\$[0.00]	[\$[0.00]

Subtotal: \$[0.00]

Tax (0%): \$[0.00]

Total Amount: \$[0.00]

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

Terms: Please make payment within 30 days of receiving this invoice.