

[CONSULTANCY NAME]

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

PROFORMA INVOICE

Date: [DD/MM/YYYY]
Reference: [Project ID/Ref]

BILL TO

[Client Contact Name]
[Client Company Name]
[Client Address]
[Tax ID/VAT Number]

PROJECT DETAILS

Project: [Project Name]
Timeline: [Start Date] - [End Date]
Payment Terms: [e.g., 50% Upfront]

DESCRIPTION OF CONSULTING SERVICES	HOURS/UNITS	RATE	AMOUNT
[Phase 1: Strategic Analysis & Discovery]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Phase 2: Implementation Framework]	[0.00]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION OF CONSULTING SERVICES	HOURS/UNITS	RATE	AMOUNT
[Administrative & Travel Expenses]	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax/VAT ([0] %): \$[0.00]
Total Payable: \$[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | SWIFT/BIC: [Code] | IBAN: [Code]

Note: This is a proforma invoice provided for quotation purposes or advance payment requirements. A final tax invoice will be issued upon completion.