

# PROFORMA INVOICE

[Consultancy Name]  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

**Invoice #:** [PRO-000]  
**Date:** [Date]  
**Project Ref:** [Project Name/Code]

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## CLIENT DETAILS

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

## PAYMENT TERMS

[e.g., 50% Upfront / 50% Milestone]  
Bank: [Bank Name]  
SWIFT/BIC: [Code]  
Account: [Number]

Phase / Deliverable Description	Units/Hrs	Rate	Amount
[Phase 1: Discovery & Diagnostic Analysis]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Phase 2: Strategy Development & Roadmap]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Fixed Fee: Implementation Oversight]	[1]	[\$[0.00]]	[\$[0.00]]
Subtotal: \$[0.00]			

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

Total Payable: \$[0.00]

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**Notes:** This is a proforma invoice provided for informational purposes to facilitate payment processing. A commercial tax invoice will be issued upon receipt of funds or completion of milestones as per the Consulting Services Agreement.