

PROFORMA INVOICE

[Consultancy Firm Name]

[Registration/VAT Number]

Date: DD/MM/YYYY

Invoice #: PRO-0000

Project ID: PID-000

CONSULTANT DETAILS

[Address Line 1]

[Address Line 2]

[City, State, Zip]

[Contact Email/Phone]

BILL TO (CLIENT)

[Client Name / Organization]

[Attention: Contact Person]

[Client Address Line 1]

[Client City, State, Zip]

PROJECT SCOPE: [PROJECT TITLE / SHORT DESCRIPTION]

Description of Services	Units/Hours	Rate	Amount
[Phase 1: Research & Analysis]	0.00	0.00	0.00
[Phase 2: Strategy Development]	0.00	0.00	0.00
[Incidental Expenses/Reimbursables]	1.00	0.00	0.00

Subtotal: 0.00

Tax/VAT (%): 0.00

Total Payable: 0.00 CUR

PAYMENT TERMS & INSTRUCTIONS

Bank Name: *[Name]*

SWIFT/BIC: *[Code]*

Account Number/IBAN: *[Number]*

Reference: *[Project ID or Invoice Number]*

Note: This is a Proforma Invoice, not a Tax Invoice. A final invoice will be issued upon completion of milestones or receipt of payment.

Authorized Signature: _____