

PROFORMA INVOICE

[Draft Number]

[Consultancy Name]
[Street Address]
[City, State, Zip]
[Tax ID / Business Registration]

Bill To:
[Client Company Name]
[Client Contact Person]
[Client Address]

Project Reference: [Project Name/ID]
Date Issued: [DD/MM/YYYY]
Valid Until: [DD/MM/YYYY]

Description of Consultancy Services	Hours/Units	Rate	Amount
[Service Item 1 Name & Brief Description]	[0.00]	[0.00]	[0.00]
[Service Item 2 Name & Brief Description]	[0.00]	[0.00]	[0.00]
[Reimbursable Expenses / Contingency]	-	-	[0.00]

Subtotal: [0.00]
Tax ([0]%): [0.00]

Total Due: [Currency] [0.00]

Payment Terms & Notes:

- This is a proforma invoice for project initiation purposes.
- Bank Name: [Name] | Account: [Number] | SWIFT/IBAN: [Code]
- Payment Schedule: [e.g., 50% Upfront / 50% Completion]

Authorized Signature: _____ Date: _____