

PROFORMA INVOICE

[Consultancy Name]

[Registration Number]

Date: [DD/MM/YYYY]

Reference: [PRO-0000]

CONSULTANT DETAILS [Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

CLIENT DETAILS [Client Name / Entity]

[Street Address]

[City, State, Zip]

[Tax ID/VAT Number]

Strategic Service Description	Qty/Hrs	Rate	Amount
Project Phase I: Discovery & Analysis Market research, stakeholder interviews, and current state assessment.	1	0.00	0.00
Project Phase II: Strategic Framework Development of strategic roadmap and implementation plan.	1	0.00	0.00
Advisory & Consultation Senior consultant hours.	0	0.00	0.00

Subtotal: 0.00

Tax/VAT (%): 0.00

Total Amount Due: [Currency] 0.00

PAYMENT INSTRUCTIONS & TERMS

Bank Name: [Name]

Account Number: [Number]

SWIFT/IBAN: [Code]

** This is a proforma invoice provided for quotation purposes before the formal delivery of services.*