

[CONSULTANCY NAME]

[Business Address Line 1]
[City, State, Zip]
Tax ID/VAT: [Number]

TAX INVOICE

Invoice #: [00001]

Date: [YYYY-MM-DD]

Due Date: [YYYY-MM-DD]

Client Information:

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]
Tax ID: [Client Tax ID]

Project Reference:

[Project Name/Code]
PO Number: [PO Number]

Description of Consulting Services	Hours/Qty	Rate	Amount
[Service Name - e.g., IT Infrastructure Audit]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Name - e.g., Digital Transformation Roadmap]	[0.00]	[\$[0.00]]	[\$[0.00]]

Description of Consulting Services	Hours/Qty	Rate	Amount
[Service Name - e.g., Monthly Strategy Retainer]	[0.00]	[\$[0.00]	[\$[0.00]
Subtotal: \$[0.00]			
Tax ([0%]): \$[0.00]			
Total Due: \$[0.00]			

Payment Instructions:

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

Terms: Please include Invoice Number as payment reference.