PROFORMA INVOICE

[Consultant/Institution Name]
[Address Line 1]
[Email/Phone]

Date: [DD/MM/YYYY]
Invoice #: [PRO-000]
Project Ref: [Project ID]

BILL TO:

[Client Name / Department]
[University/Organization]
[Address]
[Tax ID/VAT Number]

SERVICE DETAILS:

Term: [Semester/Period]
Method: [Bank Transfer/Wire]
Currency: [USD/GBP/EUR]

Description of Academic Services	Hours/Qty	Rate	Amount
[e.g., Statistical Analysis & Data Modeling]	[00]	[0.00]	[0.00]
[e.g., Manuscript Review & Editorial Support]	[00]	[0.00]	[0.00]
[e.g., Curriculum Development Consultation]	[00]	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT ([0]%): [0.00]
Total Payable: [0.00]

Payment Instructions:
Bank: [Bank Name] | Account: [Number] | SWIFT/BIC: [Code] | IBAN: [Code]

Note: This is a proforma invoice provided for budgetary or visa purposes prior to the final delivery of services.