PROFORMA INVOICE

Hospitality Consulting Group

[Street Address]
[City, State, Zip]
[Contact Email/Phone]

BILL TO:

[Client Name]
[Client Property/Hotel]
[Client Address]

DETAILS:

Invoice #: [00000]
Date: [Date]
Project: [Project Name/Reference]

Service Description	Quantity/Hours	Rate	Amount
[Consulting Service Name]	0.00	$0.00	$0.00
[Additional Expense/Fee]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Amount: $0.00

PAYMENT TERMS & NOTES

This is a proforma invoice provided prior to the delivery of services. Please review the scope of work. Payment details: [Bank Name / Account Number / Swift Code].