INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE #
[00001]

DATE
[Month DD, YYYY]

BILL TO

[Client Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

PROJECT / REFERENCE

[Project Name - Strategy Phase I]
[Purchase Order #]

Description of Services	Hours/Qty	Rate	Total
Market Analysis & Competitive Benchmarking	[0.00]	$[0.00]	$[0.00]
Strategic Roadmap Development	[0.00]	$[0.00]	$[0.00]

Description of Services	Hours/Qty	Rate	Total
Executive Workshop Facilitation	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax (0%): $[0.00]
Amount Due: $[0.00]

Payment Terms: Net [30] Days. Please make checks payable to [Consulting Firm Name].

Wire Transfer: [Bank Name] | **Account:** [Number] | **Routing:** [Number]