OPERATIONS CONSULTING

[Consultant Name/Firm]
[Street Address]
[City, State, Zip]

INVOICE NUMBER

#00000

DATE

[Date]

BILL TO

[Client Company Name]
[Attention: Name/Department]
[Client Address]
[Client Email]

PROJECT DETAILS

Project: [Project Name/ID]
Period: [Start Date] - [End Date]
Due Date: [Due Date]

SERVICE DESCRIPTION	HOURS / QTY	RATE	AMOUNT
Process Mapping & Analysis Redesign of supply chain workflow	0.00	$0.00	$0.00
Lean Implementation Workshop On-site training and 5S audit	0.00	$0.00	$0.00
ERP System Optimization Inventory module configuration	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Due: $0.00 USD

PAYMENT INSTRUCTIONS

Bank Name: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business. Terms: Net 30 days.