INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

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

Project:
[Strategic Plan 202X-202X]
Consultant:
[Lead Consultant Name]

Description of Strategic Services	Hours/Qty	Rate	Amount
Market Analysis & Competitive Benchmarking	[0.00]	$[0.00]	$[0.00]
Stakeholder Interviews & SWOT Facilitation	[0.00]	$[0.00]	$[0.00]
Strategy Roadmap Development	[0.00]	$[0.00]	$[0.00]
Executive Summary & Final Presentation	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/Expenses: $[0.00]

Total Balance: $[0.00]

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

Notes: Thank you for the opportunity to assist with your organization's strategic vision.