[CONSULTANCY NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Company]
[Client Address]
[Client Email]

PROJECT REFERENCE

[Project Name]
PO Number: [00000]
Consultant: [Name]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
[Service Title - e.g., Strategic Discovery Phase]	[0.00]	$[0.00]	$[0.00]
[Service Title - e.g., Operational Analysis]	[0.00]	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax ([0]%) $[0.00]
Total Due $[0.00] USD

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]
Please include Invoice # in payment reference. Late payments are subject to a [0]% fee per month.