[Consulting Firm Name]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Healthcare Facility/Client Name]
[Attn: Department Name]
[Client Address]
[Client City, State, Zip]

PROJECT REFERENCE:

Project: [e.g., EHR Implementation / Revenue Cycle Audit]
PO Number: [000000]

Service Description	Consultant	Hours/Qty	Rate	Amount
[Strategic Analysis & Operational Planning]	[Name]	[0.0]	$[0.00]	$[0.00]
[Compliance Review & Regulatory Assessment]	[Name]	[0.0]	$[0.00]	$[0.00]
[Administrative Expenses/Travel]	-	[1]	$[0.00]	$[0.00]

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

TOTAL DUE: $[0.00]

Payment Instructions:
Please make checks payable to [Consulting Firm Name].
Wire/ACH: [Bank Name] | Account: [00000000] | Routing: [00000000]

Thank you for your partnership in improving healthcare outcomes.