INVOICE

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

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

BILL TO

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

PROJECT REFERENCE

Project: [Project Name/Code]
PO Number: [Reference Number]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
[Phase 1: Process Mapping & Diagnostics]	[0.00]	$[0.00]	$[0.00]
[Supply Chain Optimization Analysis]	[0.00]	$[0.00]	$[0.00]
[Change Management Workshop]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
Total Balance Due: $[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account Name: [Name] | SWIFT/IBAN: [Details]
Please include the invoice number as a reference for all transfers.

Thank you for your business.