CONSULTANT EXPERTISE

Invoice #: [000]
Date: [Date]

CONSULTANT

[Your Name/Studio]
[Address Line 1]
[Email / Phone]

CLIENT

[Client Name/Company]
[Address Line 1]
[Project Reference]

EXPERTISE / SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
[Brand Strategy & Identity Consultation]	0.0	$0.00	$0.00
[Visual Systems & Style Guide Development]	0.0	$0.00	$0.00
[Creative Direction & Asset Execution]	0.0	$0.00	$0.00

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

PAYMENT TERMS

Please remit payment within [Number] days of invoice date.
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]