

Business name

Address

Email · Phone

INVOICE

Invoice no.

Date

Due date

Terms

BILL TO

Client name

Address

DESCRIPTION	QTY	RATE	AMOUNT
Advisory retainer, monthly (up to 20 hours)			
Additional hours beyond retainer			
Workshop facilitation, full day			
Reimbursable travel expenses, at cost (receipts attached)			

Subtotal

Sales tax

Total

TERMS

Payment due within 30 days of the invoice date. Please include the invoice number and PO number with your payment.