INVOICE

[Your Business Name]
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

BILL TO

[Client Name]
[Street address]
[City, State ZIP]
[client@email.com]

Invoice number:	INV-0001
Invoice date:	10/27/2026
Due date:	11/26/2026
Terms:	Net 30
PO number:	[PO-0000]
Project:	[Project name]

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
Monthly advisory retainer [Month], up to 10 hours	$2,500.00	1	**$2,500.00**
Additional consulting hours Beyond retainer, at $200/h	$200.00	4.5	**$900.00**
Workshop facilitation Full day, on site	$1,800.00	1	**$1,800.00**
Travel expenses at cost Train and hotel, receipts attached	$386.40	1	**$386.40**

NOTES/MEMO

Services for [month] under the statement of work dated [date]. Expense receipts attached. Payment by bank transfer within 30 days.

Subtotal:	$5,586.40
Amount due:	**$5,586.40**