BUSINESS INTELLIGENCE & ANALYTICS SERVICES

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

Project/PO: _____

SERVICE PROVIDER

CLIENT / BILL TO

DESCRIPTION OF ANALYTICS SERVICES / DELIVERABLES	HOURS / QTY	RATE	AMOUNT

PAYMENT INSTRUCTIONS

Bank Name:

Account No:

Routing / BIC:

Terms:

Subtotal: _____

Tax / VAT: _____

Total Due: _____

Thank you for your business.

For inquiries regarding this invoice, please contact our Accounts Department.