

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

ADVISORY PROVIDER

Project Name: _____

Project Phase /
Ref: _____

DESCRIPTION OF ADVISORY SERVICES	HOURS / UNITS	RATE	AMOUNT
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Subtotal: _____

Tax / VAT: _____

Total Due:

PAYMENT TERMS & INSTRUCTIONS

[Dashed box for payment terms and instructions]

Advisor Signature

Client Acceptance Signature