

INVOICE

Invoice #: [0000]

Date: [YYYY-MM-DD]

[Consultant/Agency Name]

[Business Address]
[City, State, Zip]
[Tax ID/VAT]

Client:

[Client Name]
[Contact Person]
[Client Address]

Payment Terms:

[e.g. Net 30]
Due Date: [YYYY-MM-DD]

Service Description	Scope/Target	Rate	Total
Web Application Penetration Test	[Staging/Prod URL]	\$0.00	\$0.00
Static Analysis (SAST)	[Repository/LOC]	\$0.00	\$0.00
Vulnerability Assessment	[Infrastructure/IPs]	\$0.00	\$0.00

Service Description	Scope/Target	Rate	Total
Remediation Support / Re-testing	[Hours]	\$0.00	\$0.00
<hr/>			
Subtotal: \$0.00			
Tax: \$0.00			

Amount Due: \$0.00

Payment Instructions: [Bank Transfer Details / Wire Info]

Notes: All security findings are detailed in the accompanying technical report. Thank you for your business.