

INVOICE

Invoice #: [00000]

Date: [YYYY-MM-DD]

[Audit Firm Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO:

[Client Company Name]

[Attention: Name/Department]

[Client Address]

[Client Contact Info]

PROJECT REFERENCE:

[Project Name/ID]

Cloud Provider: [AWS/Azure/GCP]

Audit Period: [Date Range]

DESCRIPTION OF AUDIT SERVICES	HOURS/QTY	RATE	AMOUNT
IAM Role & Policy Configuration Review	[0.0]	[\$[0.00]]	[\$[0.00]]
VPC & Network Security Architecture Assessment	[0.0]	[\$[0.00]]	[\$[0.00]]
Storage Encryption & Data Protection Audit	[0.0]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION OF AUDIT SERVICES	HOURS/QTY	RATE	AMOUNT
Automated Vulnerability Scanning (Cloud Workloads)	[0.0]	[\$0.00]	[\$0.00]
Final Compliance Report & Remediation Roadmap	[0.0]	[\$0.00]	[\$0.00]
Subtotal: \$[0.00]			
Tax ([0]%): \$[0.00]			
Total Due: \$[0.00]			

Payment Terms: Net [30] Days. Please make checks payable to [Audit Firm Name].

Wire Transfer Details: Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for securing your cloud infrastructure with us.