

[Company Name]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]

Client Information:

[Client Name]
[Client Company]
[Client Address]

Project Details:

Assessment Period: [Date Range]
Due Date: [MM/DD/YYYY]

Service Description	Hours/Qty	Rate	Total
External Penetration Testing	[0.00]	[\$[0.00]]	[\$[0.00]]
Internal Vulnerability Scan & Risk Assessment	[0.00]	[\$[0.00]]	[\$[0.00]]
Security Architecture Review	[0.00]	[\$[0.00]]	[\$[0.00]]

Service Description	Hours/Qty	Rate	Total
Final Remediation Report & Consultation	[0.00]	\${[0.00]}	\${[0.00]}
			Subtotal: \${[0.00]}
			Tax: \${[0.00]}
			Amount Due: \${[0.00]}

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

Notes: This assessment covers the specific scope defined in the Statement of Work dated [Date].