

CYBERSECURITY CONSULTING

[Consultancy Name]
[Street Address]
[City, State, Zip]

INVOICE NUMBER
#INV-000
DATE ISSUED
[Date]

CLIENT INFORMATION

[Client Organization]
[Client Contact Name]
[Client Address]

PROJECT REFERENCE

[Project Name / PO Number]

DUE DATE

[Due Date]

SERVICE DESCRIPTION	RATE/UNIT	QTY	TOTAL
Strategic Risk Assessment & Gap Analysis	\$0.00	0	\$0.00
Security Architecture Review	\$0.00	0	\$0.00
vCISO Advisory Services (Monthly Retainer)	\$0.00	0	\$0.00
Incident Response Framework Development	\$0.00	0	\$0.00
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Subtotal	\$0.00		
Tax (0%)	\$0.00		

Amount Due \$0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name] | Account: [Number] | Routing: [Number]

Terms: Payment is due within 30 days. Late payments may be subject to a 1.5% monthly service charge.