

# [CONSULTANCY NAME]

Cybersecurity & Red Teaming Division  
[Street Address]  
[City, State, Zip]

## INVOICE

No: [INV-000]  
Date: [YYYY-MM-DD]  
Due: [YYYY-MM-DD]

### CLIENT INFORMATION

[Client Company Name]  
Attn: [Contact Name/Security Dept]  
[Client Address]  
[Tax ID/VAT No]

### PROJECT SCOPE

**Engagement:** [e.g., External Network PT]  
**Targets:** [e.g., 2 IP Ranges, 1 Web App]  
**Reference:** [SOW-Number]

Description of Security Services	Hours/Qty	Rate	Amount
Reconnaissance & Vulnerability Assessment	[00.0]	[\$000.00]	[\$000.00]
Exploitation & Post-Exploitation Phase	[00.0]	[\$000.00]	[\$000.00]
Technical Report Generation & Debriefing	[00.0]	[\$000.00]	[\$000.00]

Description of Security Services	Hours/Qty	Rate	Amount
Remediation Verification (Retest)	[00.0]	[\$000.00]	[\$000.00]
Subtotal: \$[0,000.00]			
Tax/VAT: \$[000.00]			
<b>Total Due: \$[0,000.00]</b>			

**Payment Terms:** Net [30] days. Wire transfer details: [Bank Name] | SWIFT: [Code] | Account: [Number]

**Confidentiality Notice:** This invoice relates to sensitive security assessments. Please handle according to the non-disclosure agreement (NDA) dated [Date].