INVOICE

[Consultant Name/Firm]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Client:
[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]
Project Reference:
[Project Name/ID]
[Purchase Order #]

Description of Services	Hours/Qty	Rate	Total
[e.g., Security Architecture Review]	0.00	$0.00	$0.00
[e.g., Penetration Testing Phase 1]	0.00	$0.00	$0.00
[e.g., Compliance Audit Support]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions:
Please make checks payable to [Name] or transfer to [Bank Details/IBAN].

Notes: [Terms & Conditions, e.g., Net 30]