

INVOICE

[Service Provider Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Billing Cycle: [Monthly/Quarterly]
RECURRING BILLING

BILL TO:

[Client Company Name]
[Attention: Name]
[Client Address]
[Client Email]

SERVICE PERIOD:

[Start Date] to [End Date]

DUE DATE:

[MM/DD/YYYY]

Description of Services	Quantity	Unit Price	Total
Managed IT Services Retainer (Tier [X])	1	\$0.00	\$0.00
Endpoint Security & Monitoring (Per Seat)	[0]	\$0.00	\$0.00

Description of Services	Quantity	Unit Price	Total
Cloud Backup & Disaster Recovery ([GB/TB])	1	\$0.00	\$0.00
Microsoft 365 / Google Workspace Licenses	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount: \$0.00

Notes: Recurring charges are automatically processed on the [Day] of each month.

Payment Methods: [Bank Transfer / ACH / Credit Card]