

INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

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

Client:

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

Project Reference:

[Project Name/Code]
[Purchase Order Number]

| Service Description | Hours/Qty | Rate | Total |
|--|-----------|------------|------------|
| Risk Identification & Asset Valuation | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Vulnerability Assessment & Threat Analysis | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Mitigation Strategy & Reporting | [0.00] | [\$[0.00]] | [\$[0.00]] |

Subtotal: \$[0.00]
Tax ([0]%): \$[0.00]
Amount Due: \$[0.00]

Payment Instructions:

Bank Name: [Name] | Account: [Number] | Wire/Swift: [Code]
Check Payable to: [Name]

Thank you for your business. Please contact [Email] for billing inquiries.