PaaS Invoice

Cloud Services Provider Inc.

Invoice #: _____

Date: _____

Client Details:

Account ID: _____
Name: _____
Address: _____

Billing Period:

Start: _____
End: _____

Service Description	Usage Metric	Unit Price	Total
Compute Instances vCPU/Hrs	_____	_____	_____
Database Hosting Managed SQL	_____	_____	_____
Object Storage GB/Month	_____	_____	_____
Data Egress GB Transfer	_____	_____	_____

Subtotal: $ _____
Tax (___%): $ _____

Credits Applied: -$ _____

Amount Due: $ _____

Notes: All amounts are in USD. Payment is due within 15 days of invoice date.