INVOICE

Cloud Security Architecture Consulting

Invoice #: [0000]

Date: [Month Day, Year]

Consultant:
[Name/Company Name]
[Address Line 1]
[Email/Phone]

Bill To:
[Client Company Name]
[Attention: Name]
[Client Address]

Service Description	Quantity/Hours	Rate	Amount
Cloud Infrastructure Security Assessment	[0]	$[0.00]	$[0.00]
IAM Role & Policy Optimization	[0]	$[0.00]	$[0.00]
Zero Trust Architecture Design	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Due: $[0.00]

Payment Terms: [e.g., Net 30]

Payment Methods: [Wire Transfer / ACH / Details]