INVOICE

IAM Services Provider
123 Security Blvd
Cyber City, 90210

Invoice #: _____
Date: _____
Due Date: _____

Bill To:
[Client Name]
[Client Address]
[Client Contact]

Service Description	Qty/Users	Unit Price	Amount
SSO & Federation Setup			
Multi-Factor Authentication (MFA) Licensing			
Identity Governance & Administration (IGA)			
Privileged Access Management (PAM) Support			
Directory Services Synchronization			

Subtotal: $_____

Tax (___%): $_____

Total Balance Due: $_____

Payment Terms: Net 30 days. Please include invoice number with your wire transfer.

Notes: All IAM managed services are subject to the signed Master Service Agreement (MSA).