FORENSIC SERVICES INC.

123 Cyber Plaza
Security City, ST 54321
contact@forensics.lab

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Case Ref: [IR-202X-000]

BILL TO

[Client Company Name]
[Attn: Name/Department]
[Street Address]
[City, State, Zip]

INCIDENT SUMMARY

Nature: [e.g. Ransomware / Data Breach]
Service Period: [Date Range]
Status: [Containment/Remediation/Closed]

DESCRIPTION OF FORENSIC SERVICES	HOURS/QTY	RATE	AMOUNT
Digital Evidence Collection & Preservation	[0.0]	$[0.00]	$[0.00]
Malware Analysis & Reverse Engineering	[0.0]	$[0.00]	$[0.00]

DESCRIPTION OF FORENSIC SERVICES	HOURS/QTY	RATE	AMOUNT
Network Traffic Artifact Analysis	[0.0]	$[0.00]	$[0.00]
Incident Reporting & Expert Documentation	[0.0]	$[0.00]	$[0.00]
Hardware/Chain of Custody Materials	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/Fees: $[0.00]
Total Balance: $[0.00]

PAYMENT INSTRUCTIONS

Please remit payment within 30 days of invoice date. Wire transfer details available upon request.
Late payments are subject to a [0]% monthly interest charge.