MALWARE ANALYSIS LAB

Forensic Investigation Division

INVOICE

[0000]
Date: [YYYY-MM-DD]

CLIENT INFORMATION

[Client Name]
[Organization]
[Address]
[Email/Contact]

CASE REFERENCE

Ticket ID: [ID-000]
Sample Hash: [SHA-256]
Priority: [Standard/Urgent]

ANALYSIS SCOPE & ARTIFACTS

```
Filename: [Filename]
Environment: [OS/Sandbox Version]
Indicators of Compromise (IoCs): [Count]
```

Service Description	Hours/Qty	Unit Rate	Subtotal
Static Analysis (Disassembly & Deobfuscation)	[0.0]	$[0.00]	$[0.00]
Dynamic Behavioral Analysis (Runtime monitoring)	[0.0]	$[0.00]	$[0.00]
Reverse Engineering & Payload Extraction	[0.0]	$[0.00]	$[0.00]
Final Forensic Reporting & Mitigation Strategy	[0.0]	$[0.00]	$[0.00]

Service Description	Hours/Qty	Unit Rate	Subtotal
		Total Amount Due:	**$[0.00]**

PAYMENT TERMS

Net 30. Please include Ticket ID with wire transfer. All technical data handled under NDA protocol.