NETWORK SECURITY AUDIT

[Your Company Name]
[Address Line 1]
[Email / Phone]

INVOICE

#INV-0000
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Company Name]
[Point of Contact]
[Client Address]
[Client Tax ID]

AUDIT REFERENCE

Project: [Audit Phase/Code]
Scope: [Internal/External/Cloud]
PO Number: [PO-000]

Service Description	Hours/Qty	Rate/Unit	Amount
Vulnerability Assessment Automated scanning & manual validation of network perimeter.	[0.00]	$[0.00]	$[0.00]
Penetration Testing Exploitation phase and lateral movement testing.	[0.00]	$[0.00]	$[0.00]

Service Description	Hours/Qty	Rate/Unit	Amount
Compliance Gap Analysis Framework alignment check (SOC2/HIPAA/ISO27001).	[0.00]	$[0.00]	$[0.00]
Reporting & Remediation Strategy Executive summary and technical vulnerability documentation.	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Total Due: $[0.00] USD
Payment Instructions:
Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]
Reference: [Invoice Number]

Notes: Payment is due within 30 days. Late payments may be subject to a 1.5% monthly interest charge.