INVOICE

Service Provider ID: [Provider ID]

TECHNICAL SERVICES

Invoice #: [00000]
Date: [YYYY-MM-DD]

Consultant / Firm:
[Company Name]
[Tax ID / Registration]
[Address Line 1]
[Email/Contact]
Client Information:
[Client Organization]
[Project Stakeholder]
[Department / Cost Center]
[Billing Address]

SERVICE DESCRIPTION & ENGAGEMENT SCOPE	HOURS/QTY	RATE	AMOUNT
External Network Penetration Test *Scope: [X] Public IPs, Black-box methodology, OSINT Phase.*	[0.0]	$[0.00]	$[0.00]
Web Application Security Assessment *Scope: [URL/API], OWASP Top 10 Mapping, Authenticated Testing.*	[0.0]	$[0.00]	$[0.00]

SERVICE DESCRIPTION & ENGAGEMENT SCOPE	HOURS/QTY	RATE	AMOUNT
Vulnerability Research & Exploitation *Manual validation of automated findings and PoC development.*	[0.0]	$[0.00]	$[0.00]
Technical Reporting & Executive Debrief *Remediation roadmap and risk-ranked vulnerability matrix.*	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax / VAT ([0]%): $[0.00]

Total Balance: $[0.00]

Payment Terms: Net [30] Days. Please include Invoice # in wire transfer details.

Banking Instructions:
Bank Name: [Name] | SWIFT/BIC: [Code] | Account/IBAN: [Number]

Confidentiality Notice: This document contains references to security assessments and should be handled according to existing NDA protocols.