INVOICE

SOC Consulting Services

Invoice #: _____

Date: _____

CONSULTANT

[Your Name/Agency]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Company Name]
[Contact Person]
[Address Line 1]
[City, State, Zip]

Description of Security Services	Hours/Qty	Rate	Total
SIEM Architecture & Design			
Incident Response Playbook Development			
SOC Analyst Training & Mentorship			

Description of Security Services	Hours/Qty	Rate	Total
Threat Hunting & Vulnerability Assessment			

Subtotal: $0.00
Tax: $0.00
Total Amount Due: $0.00

Payment Terms: Net 30. Please make checks payable to [Your Name].

Wire Transfer: Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for your business. Confidentiality and security are our top priorities.