INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Company]
[Client Address]

PROJECT REFERENCE:

Wireless Security Audit
Location: [Site Name/SSID Scope]
PO #: [Optional]

Service Description	Qty/Hrs	Rate	Total
WPA2/WPA3 Penetration Testing & Handshake Analysis	[0]	$[0.00]	$[0.00]
Rogue Access Point Detection & Signal Mapping	[0]	$[0.00]	$[0.00]
Vulnerability Assessment & Compliance Reporting	[0]	$[0.00]	$[0.00]

Service Description	Qty/Hrs	Rate	Total
Remediation Consulting	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Total Amount: $[0.00]

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

Notes: This evaluation covers wireless infrastructure security protocols as defined in the initial Statement of Work.