

STRATEGIC RISK ASSESSMENT

Invoice # _____

Date: _____

Consultant Agency Name
Street Address
City, State, Zip
Email: contact@agency.com

BILL TO:

Client Name / Organization

PROJECT DETAILS:

Project Title: _____

Assessment Period: _____

Purchase Order: _____

Description of Risk Advisory Services	Hours/Units	Rate	Amount
Risk Identification & Scoping Analysis			
Qualitative & Quantitative Vulnerability Testing			
Strategic Mitigation Framework Development			
Executive Reporting & Board Presentation			
Subtotal: \$ _____			
Tax/VAT: \$ _____			
Total Balance Due: \$ _____			

PAYMENT TERMS

Please make all checks payable to [Consultant Agency Name]. Net 30 payment terms apply. For wire transfers, please use Account: [Number] Swift: [Code].

Thank you for your strategic partnership.