INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

Client:

[Client Name]
[Contact Person]
[Client Address]

Project Reference:

Disaster Recovery Planning (DRP)
Phase: [Assessment/Design/Testing]

Description of Services	Hours/Qty	Rate	Amount
Business Impact Analysis (BIA)			
Risk Assessment & Mitigation Strategy			
Infrastructure Redundancy Planning			
DRP Documentation & Procedures			

Description of Services	Hours/Qty	Rate	Amount
Staff Training & Simulation Drill			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include the invoice number in your transfer reference.