

[COMPANY NAME]

[Street Address]
[City, State, Zip Code]
[Phone Number] | [Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Name / Company]
[Attn: Contact Name]
[Street Address]
[City, State, Zip Code]

PROJECT REFERENCE

Project: [Project Name/Site ID]
PO Number: [PO Number]
Terms: [Net 30]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Physical Security Assessment & Risk Analysis	0.00	\$0.00	\$0.00
Electronic Surveillance System Design	0.00	\$0.00	\$0.00
Staff Training / Emergency Protocol Consultation	0.00	\$0.00	\$0.00

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
On-site Audit & Compliance Reporting	0.00	\$0.00	\$0.00
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Subtotal: \$0.00			
Tax: \$0.00			
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Total Due: \$0.00			

PAYMENT INSTRUCTIONS

Please make checks payable to [Company Name].

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

Thank you for your business. Confidentiality is maintained for all security assessments.