

[CONSULTANCY NAME]

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

INVOICE

[00000]
Date: [Date]

BILL TO:

[Client Company Name]
[Attn: Name/Department]
[Client Address]
[City, State, Zip]

PROJECT DETAILS:

Project: [Security Policy Review/Development]
Due Date: [Date]
PO Number: [Reference]

Service Description	Hours / Qty	Rate	Amount
Security Risk Assessment & Gap Analysis	0.00	\$0.00	\$0.00
Corporate Policy Framework Development	0.00	\$0.00	\$0.00
Executive Briefing & Documentation	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Please remit payment via wire transfer or check to: [**Account Info**]. Payment is due within [30] days.

Professional Security Consulting Services