

# SECURITY INTEGRATION INVOICE

CONVERGED CYBER-PHYSICAL SERVICES

**Invoice #:** [00000]

**Date:** [Date]

**Due Date:** [Date]

**From:**

[Your Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / License #]

**Bill To:**

[Client Name/Organization]

[Client Address]

[Contact Email/Phone]

Service Category	Description of Work	Qty/Hrs	Rate	Total
<b>Cyber Security</b>	Network hardening, firewall config, & encryption protocols.	[0]	[\$[0.00]]	[\$[0.00]]
<b>Physical Security</b>	IoT Surveillance, biometric access control, & sensors.	[0]	[\$[0.00]]	[\$[0.00]]
<b>System Integration</b>	Unified dashboard setup & SOC/GSOC API integration.	[0]	[\$[0.00]]	[\$[0.00]]
<b>Risk Assessment</b>	Vulnerability scanning & physical breach simulation.	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

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

**Total Amount Due: \$[0.00]**

---

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

**Note:** All integrated systems are subject to the signed Service Level Agreement (SLA).