

[AGENCY NAME]

Executive Protection & Risk Consulting
[Street Address]
[City, State, Zip]
[License #]

INVOICE

[0000]
Date: [Month DD, YYYY]

CLIENT / BILLED TO

[Client Name / Principal]
[Company Name]
[Street Address]
[City, State, Zip]

SERVICE PERIOD

[Start Date] - [End Date]
Payment Terms: [Net 30]

Description of Services / Expenses	Qty/Hrs	Rate	Amount
Security Risk Assessment & Advance Survey	[0.0]	[\$0.00]	[\$0.00]
Close Protection Detail (Lead Agent)	[0.0]	[\$0.00]	[\$0.00]
Secure Logistics / Professional Chauffeuring	[0.0]	[\$0.00]	[\$0.00]

Description of Services / Expenses	Qty/Hrs	Rate	Amount
Reimbursable Expenses (Travel/Lodging)	-	-	[\$0.00]

Subtotal: [\$0.00]

Tax/VAT: [\$0.00]

Total Due: [\$0.00]

PAYMENT INSTRUCTIONS

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

Please include invoice number with payment. Confidentiality is maintained for all financial transactions.