

# HIGH RISE SECURITY CONSULTING

123 Skyscraper Way, Suite 500  
New York, NY 10001  
contact@highrisecurity.com

## INVOICE

Invoice #: [0000]  
Date: [MM/DD/YYYY]  
Due Date: [MM/DD/YYYY]

---

### BILL TO

[Client Name]  
[Property Name/High Rise ID]  
[Street Address]  
[City, State, Zip]

### PROJECT REFERENCE

Project: [Security Audit / System Design]  
PO Number: [000000]  
Consultant: [Name]

Description of Services	Hours/Qty	Rate	Amount
[Service Title - e.g., Vulnerability Assessment]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Title - e.g., Access Control Design]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Title - e.g., On-site Site Survey]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]  
Tax/Fees: \$[0.00]  
Total Balance: \$[0.00]

---

**Payment Terms:** Net 30 days. Please make checks payable to "High Rise Security Consulting".

Thank you for your business. For height-specific security inquiries, please contact your account manager.