

[CONSULTANCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Company Name]
[Contact Name]
[Client Address]
[Client Email]

PAYMENT TERMS

Net [30] Days
Method: [Wire/ACH/Check]
Project Ref: [Project ID/PO #]

| Service Description | Hours/Qty | Rate | Total |
|---|-----------|------------|------------|
| Security Architecture Review Evaluation of cloud infrastructure and network perimeter. | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Governance, Risk & Compliance (GRC) Consulting Gap analysis for [ISO27001/SOC2/HIPAA] frameworks. | [0.00] | [\$[0.00]] | [\$[0.00]] |

| Service Description | Hours/Qty | Rate | Total |
|--|-----------|------------|------------|
| Incident Response Strategy Playbook development and stakeholder workshops. | [0.00] | [\$[0.00]] | [\$[0.00]] |

Subtotal: \$[0.00]

Tax/VAT: \$[0.00]

Amount Due: \$[0.00]

PAYMENT INSTRUCTIONS & NOTES

Please include invoice number with your payment. Remit via ACH to: [Bank Name] | Account: [Number] | Routing: [Number].
Thank you for choosing [Consultancy Name] for your cybersecurity strategy needs.