

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Tax ID / EIN]

TAX INVOICE

Invoice #: [00000]
Date: [YYYY-MM-DD]
Due Date: [YYYY-MM-DD]

BILL TO [Client Name]

[Client Address]
[Client Contact Email]
[Client Tax ID]

PROJECT / REFERENCE [Project Name or PO Number]

[Consultant Name]

Description of Services	Hours/Qty	Rate	Total
Penetration Testing & Vulnerability Assessment	[0.00]	[\$[0.00]]	[\$[0.00]]
Security Architecture Review	[0.00]	[\$[0.00]]	[\$[0.00]]
Incident Response Planning	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

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

Total Amount: \$[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name] | Account: [Number] | SWIFT/BIC: [Code]
Please include Invoice Number as payment reference.

Thank you for your business.