

# TAX INVOICE

Infrastructure Provider Name  
123 Cloud Way, Data Center Dist.  
Registration No: [00000000]

INVOICE #: [INV-000]  
DATE: [YYYY-MM-DD]  
BILLING PERIOD: [Month, Year]

## BILL TO:

[Client Company Name]  
[Client Address Line 1]  
[Client Address Line 2]  
Tax ID: [Client Tax ID]

## PAYMENT TERMS:

Net [30] Days  
Due Date: [YYYY-MM-DD]  
Currency: [USD/EUR/GBP]

Infrastructure Service Description	Region/Instance	Usage/Qty	Unit Price	Amount
Compute Engine (Virtual Instances)	[us-east-1]	[000] Hours	[\$[0.00]]	[\$[0.00]]
Managed Database Service (RDS/NoSQL)	[Multi-AZ]	[00] GB	[\$[0.00]]	[\$[0.00]]
Object Storage & Data Transfer	[Global]	[000] GB	[\$[0.00]]	[\$[0.00]]

Infrastructure Service Description	Region/Instance	Usage/Qty	Unit Price	Amount
Load Balancers & Networking	[Edge]	[0] Units	[\$0.00]	[\$0.00]

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

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

**Bank Details:**

Bank: [Bank Name] | SWIFT: [CODE] | Account: [Number/IBAN]

Please include Invoice Number as payment reference. For infrastructure support or billing inquiries, contact [billing@provider.com](mailto:billing@provider.com).