INVOICE

Disaster Recovery Services

Invoice #: _____

Date: _____

Provider:
[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID]
Bill To:
[Client Name]
[Client Address]
[Contact Email]

Service Description	Period	Qty/Seats	Unit Price	Amount
DRaaS Subscription (Tier: ____)	___ to ___			
Cloud Storage Allocation (GB/TB)	___ to ___			
Managed Backup Surcharge	___ to ___			

Service Description	Period	Qty/Seats	Unit Price	Amount
Recovery Point Objective (RPO) Premium	-			

Subtotal: $ _____
Tax (___%): $ _____

Total Due: $ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: This invoice covers the recurring disaster recovery readiness and infrastructure reservation fees. Failover event execution is subject to additional technical labor rates as per the Service Level Agreement (SLA).