INVOICE

Managed IT Services

[Your Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:
[Client Name]
[Client Address]
[Client City, State, Zip]
[Contact Email]

Invoice #: [INV-0000]
Invoice Date: [Date]
Service Period: [Month, Year]
Due Date: [Date]

Service Description	Qty/Seats	Unit Price	Total
Managed IT Support Subscription (Tier [X])	[0]	$0.00	$0.00
Endpoint Security & Antivirus	[0]	$0.00	$0.00
Cloud Backup & Disaster Recovery	[0]	$0.00	$0.00
Network Monitoring & Maintenance	1	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Amount Due: $0.00

Payment Instructions:
Please make checks payable to [Your Company Name] or pay via [Payment Method].
Net 30 terms apply to all service subscriptions.

Thank you for your business!