INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT:
[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]
PROJECT:
[Risk Assessment Project Name/ID]
[Contract Number]

Description of Risk Consulting Services	Hours/Qty	Rate	Total
Initial Vulnerability Assessment & Data Gathering	0.00	$0.00	$0.00
Threat Modeling & Qualitative Risk Analysis	0.00	$0.00	$0.00
Mitigation Strategy Development & Reporting	0.00	$0.00	$0.00
Project Expenses (Travel/Software Licensing)	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

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

Wire Transfer: [Bank Name] | **Account:** [Number] | **Routing:** [Number]