

CLOUD SERVICES INVOICE

Cloud Provider Name
123 Tech Plaza, Silicon Valley
contact@cloudprovider.io

Invoice #: _____
Billing Date: _____
Due Date: _____

Bill To:

Customer Name / Company
Address Line 1
City, State, Zip
Account ID: _____

Billing Summary:

Period: _____ to _____
Payment Status: Pending
Currency: USD

Service Description	Region	Usage / Unit	Unit Price	Total
Compute Engine (Virtual Instances)	_____	_____ hrs	\$ _____	\$ _____
Object Storage (S3 Compatible)	_____	_____ GB	\$ _____	\$ _____
Data Transfer (Outbound)	_____	_____ GB	\$ _____	\$ _____

Service Description	Region	Usage / Unit	Unit Price	Total
Managed Database Service	_____	_____ hrs	\$ _____	\$ _____

Subtotal: \$ _____

Tax (0.0%): \$ _____

Amount Due: \$ _____

Notes: Usage metrics are calculated based on hourly increments. Please include the Invoice Number in your wire transfer.