CLOUD MIGRATION SERVICES

[Your Company Name]
[Address Line 1]
[Email / Phone]

INVOICE

INV-0000
Date: [Date]
Due Date: [Date]

BILL TO

[Client Company Name]
[Client Contact Name]
[Client Address]
[Client Email]

PROJECT DETAILS

Project: [Cloud Platform - e.g. AWS/Azure/GCP]
Phase: [Discovery / Migration / Optimization]
PO Number: [Reference]

Description of Engineering Services	Hours/Qty	Rate	Amount
Infrastructure as Code (Terraform/CloudFormation) Development	0.00	$0.00	$0.00
Data Layer Migration & Database Refactoring	0.00	$0.00	$0.00
CI/CD Pipeline Configuration & Security Hardening	0.00	$0.00	$0.00

Description of Engineering Services	Hours/Qty	Rate	Amount
Cloud Governance & Resource Tagging Setup	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Bank: [Name] | Account: [Number] | SWIFT/Routing: [Code]
Please include the invoice number as a reference for all transfers.