INVOICE

Cloud Engineering Services

Invoice #: _____
Date: _____
Due Date: _____

PROVIDER

[Name / Business Name]
[Address Line 1]
[Email / Phone]
[Tax ID / VAT]

BILL TO

[Client Name]
[Company Name]
[Address Line 1]
[Project Reference]

Service Description (AWS/Azure/GCP)	Hours	Rate ($)	Total ($)
Infrastructure as Code (Terraform/CloudFormation)			
CI/CD Pipeline Development & Maintenance			
Kubernetes Cluster Orchestration & Scaling			
Cloud Security Auditing & Remediation			

Service Description (AWS/Azure/GCP)	Hours	Rate ($)	Total ($)
Cost Optimization & Monitoring			

Subtotal: $0.00
Tax (%): $0.00
Balance Due: $0.00

PAYMENT INSTRUCTIONS

Bank Name: _____
SWIFT/BIC: _____
Account Number / IBAN: _____

Note: Please include the invoice number as a reference for all bank transfers.