

**[Agency Name]**

**INVOICE NUMBER**

**#INV-0000**

**DATE ISSUED**

**[Date]**

**FROM**

[Your Agency Name]

[Street Address]

[City, State, Zip]

[Tax ID / VAT Number]

**BILL TO**

[Client Company Name]

[Client Contact Person]

[Street Address]

[City, State, Zip]

<b>Description</b>	<b>Rate</b>	<b>Qty/Hours</b>	<b>Amount</b>
<b>[Product Development / Sprint Name]</b> [Brief description of deliverables or milestones]	\$0.00	0	\$0.00
<b>[Cloud Infrastructure Management]</b> [Monthly maintenance and support]	\$0.00	0	\$0.00

Subtotal \$0.00

Tax (0%) \$0.00

Total Amount \$0.00

**PAYMENT INSTRUCTIONS**

Bank: [Bank Name]

Account: [Account Number]

SWIFT/BIC: [Code]

Reference: INV-0000

**TERMS**

Net 30. Please make payment within 30 days of receiving this invoice. Late fees may apply.

---

[Agency Website] | [Contact Email] | [Phone Number]