

INVOICE

Audit Ref: [Audit ID]

[Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Client:

[Client Name]

[Client Address]

[Client Contact Email]

Invoice Date: [Date]

Due Date: [Date]

Cloud Provider: [AWS/Azure/GCP]

Service Description	Framework	Hours/Qty	Rate	Amount
Gap Analysis & Readiness Assessment	[e.g. SOC2 Type II]	[0.00]	[\$[0.00]]	[\$[0.00]]
Technical Control Testing & Validation	[e.g. ISO 27001]	[0.00]	[\$[0.00]]	[\$[0.00]]
Cloud Configuration Security Review	[CIS Benchmark]	[0.00]	[\$[0.00]]	[\$[0.00]]
Final Audit Report & Certification	-	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax ([0]%): \$[0.00]

Total Due: \$[0.00]

Payment Instructions: [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]

Terms: Please remit payment within [30] days. Late payments may be subject to a [0]% monthly fee.