

# CLoud\_PROVIDER\_NAME

## INVOICE

Invoice #: [000000]

Date: [YYYY-MM-DD]

Billing Period: [Month, Year]

### FROM

Cloud Services Inc.  
123 Infrastructure Way  
Data Center District, CA 90210  
contact@cloud-provider.com  
BILL TO

[Customer Name/Organization]  
[Billing Address Line 1]  
[City, State, Zip Code]  
Account ID: [ACC-000-000]

Resource / Service Description	Region	Usage	Unit Price	Amount (USD)
Compute Engine (e2-standard-2)	us-east-1	720 Hours	\$0.067	\$48.24
Object Storage (Standard)	multi-region	500 GB-Mo	\$0.020	\$10.00
Relational Database Service (Instance)	eu-west-1	168 Hours	\$0.120	\$20.16
Data Transfer (Egress)	Global	100 GB	\$0.090	\$9.00

Subtotal: \$87.40  
Tax (0%): \$0.00  
Total Amount: \$87.40

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Payment Terms: Due upon receipt. Charges are calculated based on resource consumption and applicable tiered pricing models.

Thank you for choosing Cloud Services Inc.