

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

SERVICE PROVIDER

BILL TO

| |
|---------------------|
| CONTRACT REFERENCE |
| _____ |
| SUPPORT TIER / PLAN |
| _____ |
| COVERAGE PERIOD |
| _____ |
| SLA LEVEL |
| _____ |

| SUPPORT SERVICE DESCRIPTION | BILLING CYCLE | RATE | AMOUNT |
|-----------------------------|---------------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Subtotal: _____
Tax / VAT: _____
Total Due: _____

Payment Terms & Contract Notes

