AUDIT INVOICE

Invoice No: _____

Date: _____

Due Date: _____

CLIENT INFORMATION

Company: _____

Address: _____

_____

Contact: _____

AUDIT REFERENCE

Audit Period: _____

Engagement: _____

Partner: _____

Project Ref: _____

DESCRIPTION OF AUDITING SERVICES	HOURS	RATE	AMOUNT

Subtotal

Tax / VAT

Reimbursable Expenses

Total Due _____

PAYMENT TERMS & DETAILS

Method: _____

Bank Name: _____

Account No / IBAN: _____

Swift Code: _____

_____
Prepared By (Auditor)

_____
Approved By (Client)