

ANNUAL AUDIT & ASSURANCE

---

CLIENT DETAILS

---

INVOICE INFORMATION

---

Invoice Number:

Date of Issue:

Due Date:

Audit Year/Period:

DESCRIPTION OF AUDIT & ASSURANCE SERVICES	HOURS	RATE	AMOUNT
Phase I: Audit Planning & Risk Assessment			
Phase II: Substantive Testing & Fieldwork			
Phase III: Financial Statement Review & Disclosure Verification			
Phase IV: Partner Sign-off, Reporting & Opinion Issuance			

Subtotal

VAT / Tax

---

**Total Due**

---

PAYMENT TERMS & METHOD

Bank Name:

Account Name:

Account Number:

Sort Code / IBAN: