

AUDITING SERVICES BILLING
STATEMENT

Invoice No. _____
Date _____
Audit Period _____
Due Date _____

AUDITING FIRM

CLIENT INFORMATION

DESCRIPTION OF AUDITING SERVICES	HOURS	RATE	AMOUNT

Subtotal _____
Tax Rate _____
Tax Amount _____
Total Due _____

Payment Terms & Special Instructions

AUTHORIZED AUDITOR SIGNATURE

CLIENT ACCEPTANCE SIGNATURE