
RISK & COMPLIANCE INVOICE

Invoice No: _____
Date: _____
Due Date: _____
P.O. Number: _____

CLIENT / ORGANIZATION

ATTENTION / DEPARTMENT

DESCRIPTION OF RISK / COMPLIANCE SERVICES	HOURS / QTY	RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYMENT TERMS & INSTRUCTIONS

Payment is due in accordance with the professional services agreement.
Please remit payments to:

Subtotal: _____
Tax / VAT: _____

Total Due:

Thank you for your business. Prepared by professional Advisory & Assurance Services.

Confidentiality Notice: This document may contain privileged information relating to internal organizational compliance and security controls.

