

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

CLIENT DETAILS

AUDIT PERIOD & PARAMETERS

Audit Type: _____
Period Covered: _____
Reference No: _____

Description of Auditing Services	Hours	Rate	Amount

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

Payment Terms & Instructions

PREPARED BY (AUDITOR)

APPROVED BY (CLIENT REPRESENTATIVE)