

Corporate Compliance Advisory Services

BILLING STATEMENT

Statement No: _____

Date: _____

Due Date: _____

Client ID: _____

CLIENT / BILL TO

ENGAGEMENT DETAILS

DESCRIPTION OF ADVISORY SERVICES	HOURS	RATE	TOTAL AMOUNT
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PAYMENT INSTRUCTIONS / TERMS

Subtotal: _____

Tax / VAT: _____

Retainer Credit: _____

Total Due: _____

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT ACCEPTANCE SIGNATURE

Thank you for your business. For inquiries regarding this billing statement, please contact our Advisory Accounts department.