INVOICE

Invoice No: _____ **Date:** _____ **Audit Period:** _____

AUDITOR / DEPARTMENT

AUDITEE / CLIENT

DESCRIPTION OF AUDITING SERVICES	HOURS	RATE	TOTAL

Subtotal	
Tax / VAT	
Total Due	

PAYMENT TERMS & INSTRUCTIONS

PREPARED BY (LEAD AUDITOR)

APPROVED BY (INTERNAL AUDIT DIRECTOR / CLIENT)