

INVOICE

Data Privacy Compliance Audit

INVOICE NUMBER

[INV-0000]

DATE ISSUED

[Month DD, YYYY]

AUDIT PROVIDER

[Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / VAT Number]

CLIENT / AUDITEE

[Client Name]
[Address Line 1]
[City, State, Zip]
[Contact Person]

| Service Description | Hours/Qty | Rate | Amount |
|---|-----------|------------|------------|
| GDPR/CCPA Gap Analysis & Documentation Review | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Technical Security Controls Assessment | [0.00] | [\$[0.00]] | [\$[0.00]] |

| Service Description | Hours/Qty | Rate | Amount |
|--|-----------|-----------|-----------|
| Data Mapping & Inventory Validation | [0.00] | [\$[0.00] | [\$[0.00] |
| Final Compliance Audit Report & Remediation Plan | [1.00] | [\$[0.00] | [\$[0.00] |

Subtotal: \$[0.00]

Tax ([0]%) : \$[0.00]

Total Due: \$[0.00]

PAYMENT TERMS

Due within [30] days. Please include invoice number with your wire transfer or check.

COMPLIANCE NOTICE

This audit reflects the compliance status as of the date of completion and does not constitute permanent legal advice.