

IAM AUDIT INVOICE

[Audit Firm Name]
[Address Line 1]
[Email / Phone]

INVOICE NUMBER

DATE

___ / ___ / 20__

BILL TO:

[Client Company Name]
[Contact Person]
[Client Address]

AUDIT PROJECT REFERENCE:

[Project ID or Compliance Framework]
[Audit Period: Start - End]

AUDIT ACTIVITY DESCRIPTION	HOURS/QTY	RATE	AMOUNT
RBAC / Role Definition Analysis			
Privileged Access Management (PAM) Review			
User Provisioning/Deprovisioning Testing			

AUDIT ACTIVITY DESCRIPTION

HOURS/QTY

RATE

AMOUNT

MFA & Authentication Policy Validation

Compliance Documentation & Reporting

Subtotal \$ _____

Tax (%) \$ _____

Total Balance Due \$ _____

PAYMENT TERMS & NOTES:

Please remit payment within 30 days.

Bank Transfer: [Bank Name] | SWIFT: [Code] | Account: [Number]