

INVOICE

Security Compliance Services

Invoice #: _____

Date: _____

FROM:

[Auditor/Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID / License #]

BILL TO:

[Client Organization]
[Contact Person]
[Street Address]
[City, State, Zip]

SERVICE DESCRIPTION	STANDARD/Framework	HOURS/QTY	RATE	TOTAL
Gap Analysis & Readiness Assessment	[e.g. SOC2 / ISO 27001]			
Technical Controls Testing	[e.g. NIST 800-53]			
Policy & Procedure Review	Compliance Documentation			

SERVICE DESCRIPTION	STANDARD/Framework	HOURS/Qty	RATE	TOTAL
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Final Audit Report & Certification	Official Attestation			
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Subtotal: \$ _____

Tax (___%): \$ _____

TOTAL DUE: \$ _____

Payment Terms: Net [30] Days. Please include invoice number with payment.

Wire/ACH Details: [Bank Name] | Routing: [Number] | Account: [Number]

This document serves as a formal request for payment for professional information security auditing services rendered.