

SOC AUDIT SERVICES

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Client Information

[Client Name]
[Company Name]
[Address Line 1]
[Email/Phone]

Provider Information

[Consultancy Name]
[License Number]
[Address Line 1]
[Contact Info]

Description of SOC Audit Services	Hours/Qty	Rate	Total
Security Control Framework Assessment (SOC2/ISO)			
Infrastructure & Log Management Review			
Incident Response Drill & Documentation Audit			
Vulnerability Management & Pentest Validation			

Subtotal: \$0.00

Tax (0%): \$0.00

Grand Total: \$0.00

Payment Terms: Net 30. Please include invoice number with your wire transfer or check.
Note: This audit covers the specified period of [Start Date] to [End Date].