

# AUDIT FIRM NAME

123 Financial District  
City, State, Zip Code  
Phone: (555) 000-0000

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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### CLIENT INFORMATION

#### Client Name / Organization

Attn: Accounts Payable  
Client Address Line 1  
City, State, Zip

### ENGAGEMENT DETAILS

**Audit Period:** \_\_\_\_\_  
**Project Reference:** \_\_\_\_\_  
**Partner-in-Charge:** \_\_\_\_\_

Description of Audit Services	Hours / Qty	Rate / Unit	Amount
Interim Financial Audit Testing	0.00	\$0.00	\$0.00
Substantive Procedures & Compliance Review	0.00	\$0.00	\$0.00
Reporting & Financial Statement Preparation	0.00	\$0.00	\$0.00
Administrative Out-of-Pocket Expenses	1	\$0.00	\$0.00

Subtotal: \$0.00  
Tax (%): \$0.00  
TOTAL: \$0.00

**PAYMENT INSTRUCTIONS**

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Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
SWIFT/BIC: \_\_\_\_\_  
Please include Invoice Number as payment reference.

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This invoice is issued subject to the terms and conditions outlined in the signed Audit Engagement Letter dated \_\_\_\_\_.