AUDIT INVOICE

Invoice #: [0000]
Date: [Date]

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

Client:
[Client Company Name]
[Fleet Manager Name]
[Address Line 1]
[City, State, Zip]
Audit Period: [Start Date] to [End Date]
Fleet Size: [Number of Assets]
Location: [Primary Audit Site]

Description of Services	Qty/Hrs	Rate	Total
ELD & Driver Log Compliance Review	-	-	-
Vehicle Maintenance File Audit (DOT)	-	-	-
Driver Qualification (DQ) File Verification	-	-	-
On-site Safety Facility Inspection	-	-	-

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Terms: [e.g., Net 30]
Wiring/Payment Instructions: [Bank Name / Account Details]

Thank you for your business regarding your fleet's regulatory compliance.